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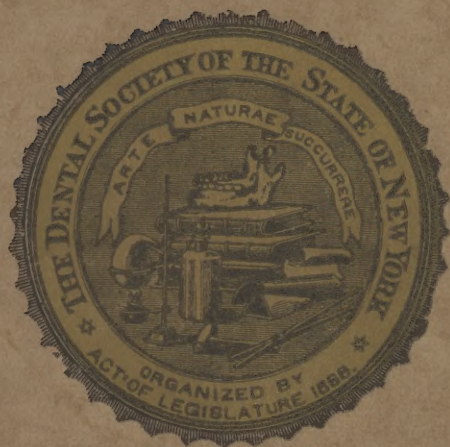


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THE
DENTAL SOCIETY

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OF THE
STATE OF NEW YORK



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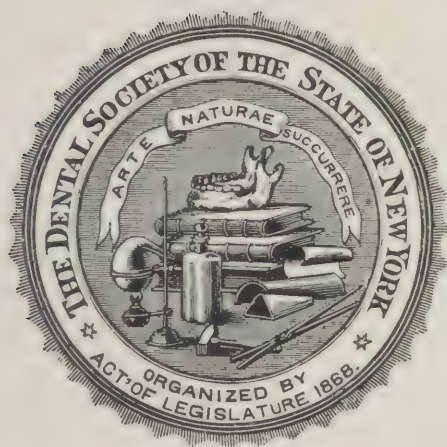
Golden Anniversary
May 1918



ATTENDANTS AT THE FIRST MEETING OF THE DENTAL SOCIETY OF THE STATE OF NEW YORK.

(Picture taken in front of the old Capitol, June 30, 1868.)

THE
DENTAL SOCIETY
OF THE
STATE OF NEW YORK



Golden Anniversary
May 1918

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GOLDEN ANNIVERSARY MEETING
OF THE
DENTAL SOCIETY
OF THE
STATE OF NEW YORK.

SARATOGA SPRINGS, N. Y., JUNE 13-15, 1918.

FOREWORD BY THE SECRETARY.

TO THE MEMBERS OF THE DENTAL SOCIETY OF
THE STATE OF NEW YORK:

The history of a nation when frankly and honestly written at a given period becomes valuable for purposes of study, and deductions as to the real value, if any, it has been to mankind, and its possible influence on future generations. What is true of a nation for purposes of comparison may also be applied in like manner to the various learned professions, notably to the dental profession at this particular period. June 1918 marks the fiftieth milestone of legally organized and recognized dentistry and dental societies in the State of New York. It may not be out of place at this point to inquire into the motive that led to the creation of the Dental Society of the State of New York and its nine component societies. The answer is this:

Shortly after the civil war, in New York, Brooklyn, Buffalo, Rochester, and Syracuse, and indeed, fortunately for the dental profession, throughout the state, there existed a number of broadminded men thirsting for increased dental knowledge, and a willingness to exchange professional views, coupled with a desire to eliminate dental exclusiveness, jealousy, and envy, the bane of mankind. An era in dentistry began to dawn, culminating in a meeting of the leading dentists in the state. They met at Albany in June 1868 and organized the Dental Society of the State of New York, and elected for its first president Amos Westcott, M.D., of Syracuse, N. Y. Let us pause a moment and with reverence think of the pioneers whose efforts laid the foundation for higher ideals, advanced education, and a greater spirit of

professional fraternity. In the main the organizers of the State Society were men well matured in years, typical examples of that type of practically self-educated, ambitious, and forceful pioneer dental practitioners who notably contributed to the making of modern dentistry. They early labored for and succeeded in obtaining legislative enactments regulating the practice of dentistry in the State of New York.

On June 13, 1918, the members of the Dental Society of the State of New York convened to celebrate its fiftieth anniversary. They met amid surroundings enchanting when compared with the dental conditions which confronted the dental pioneers of the State Society when they met and organized at Albany in June 1868. Fifty years have come and gone, and they constitute the period of existence of the society. Well may we pause and ask, Has the State Society a creditable history? Has its existence been beneficial or detrimental to the life of the profession? Has it kept pace with the ever-onward march of professional duty and humanitarian demands? To the foregoing questions the answer is an emphatic "Yes!"

Of the large number of enthusiastic dentists present at the organization of the society, all but four have passed to the great Beyond. The four surviving members are: Drs. E. A. Bogue and Wm. Carr of New York, George A. Mills of Brooklyn, and H. S. Miller of Rochester. We have present Drs. Bogue, Carr, and Miller; we regret the absence of Dr. Mills. With loving respect we greet the four survivors, and honor them, not only for having taken part in the organization of the State Society, but for their continued and unabated interest to this very

day in all that pertains to the society and to the progress of dentistry.

Turning aside from the past, let the present golden jubilee meeting of the society engage our thoughts while the events are fresh in our minds. At a special meeting of the Executive Council held in New York in October 1917, Dr. Amos C. Rich, the president of the State Society, extended a cordial invitation to the society to hold its fiftieth anniversary meeting at Saratoga Springs, N. Y., it being his home city. The invitation was accepted and preparations were at once made for fittingly observing the half-century mark of the society. The management of the meeting was placed in the hands of a special committee, consisting of Amos C. Rich, president, A. P. Burkhardt, secretary, W. W. Walker, A. M. Wright, H. L. Wheeler, and H. J. Burkhardt.

The committee worked harmoniously with an eye single to the success of the coming meeting. Dr. Rich labored indefatigably night and day in his home city in perfecting details, and was ably assisted by his home committees. The Business Committee secured an exceptional array of talent for the literary program, the Clinic Committee presented a choice lot of clinics, and the Exhibits Committee one of the finest exhibits ever presented in the history of the society. The meeting was held in the world-famed club-house formerly owned by Richard Canfield. The spacious rooms, so richly decorated, beautifully furnished, constituted a notable surprise to all in attendance. Words of praise and appreciation were heard on all sides for Dr. Rich and his associates for having selected the club-house, known as the Casino, for the meeting-place, and also

for the untiring efforts put forth for the entertainment of all visiting dentists and the ladies in attendance.

The meeting closed with the most magnificent banquet in the history of the society, every seat in the spacious banquet-room of the Masonic Temple being occupied.

Seated at the speakers' table were Dr. Amos C. Rich, toastmaster, Dr. Don Gallie, past president of the National Dental Association, Dr. A. P. Burkhart, Dr. Frank B. Darby, Dr. Geo. H. Wilson of Cleveland, Ohio, Dr. Wm. Carr, Hon. Augustus S. Downing, and Dr. Harvey J. Burkhart.

Dr. Geo. H. Wilson of Cleveland, Ohio, was the special guest of the society, he having been elected a Fellow of the society, and received at the hands of Dr. Rich the Jarvie Fellowship Medal. The records disclosed that nineteen past presidents of the society were alive, and to them a special invitation was extended to be present at the meeting and banquet. Thirteen answered the roll-call, and six sent regrets, being unavoidably detained. A surprise had been arranged for the past presidents, who were grouped in front of the speakers' table. In a few words, Dr. A. P. Burkhart presented on behalf of the society to each past president a solid gold medal suitably inscribed and resting upon and attached to a beautiful ribbon of red, white, and blue. Dr. Frank B. Darby responded in behalf of the past presidents.

To three of the charter members of the society, sitting at the speakers' table, special medals were presented. Those present were Dr. E. A. Bogue, Dr. Wm. Carr, and Dr. H. S. Miller. The society voted a medal to Dr. Geo. A. Mills, which will be forwarded to him.

All the addresses were interesting and enlivening, partaking largely of the patriotic spirit of America's entry into the great world-war being fought in behalf of democracy for mankind.

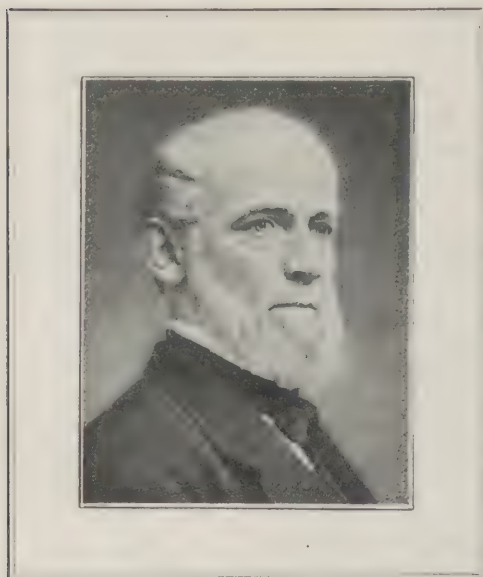
The meeting came to a close when Dr. Rich turned over the gavel to Dr. Geo. B. Beach of Syracuse, N. Y., the newly elected president for the ensuing year.

All things considered, the Dental Society of the State of New York has during its fifty years of existence been on the onward march in all that has pertained to dentistry; and the coming fifty years will record even a greater and more creditable showing when its members meet to celebrate its one-hundredth anniversary.

We, the members connected with the society previous to the present century, place in the hands of the young men who have recently entered the profession and society its future care and advancement. We bequeath its records, its memories, its all—confident that our faith and confidence is not misplaced.

In the succeeding pages will be found a complete report of the Fiftieth Anniversary meeting.

A. P. BURKHART, *Secretary.*



AMOS WESTCOTT, M.D.

FIRST PRESIDENT OF THE DENTAL SOCIETY OF THE
STATE OF NEW YORK.

AMOS WESTCOTT, M.D., seventh son of Gardner Westcott, was born in Newport, Herkimer County, New York, April 28, 1815, and died in Syracuse, N. Y., July 6, 1873.

His boyhood and early manhood were passed in obtaining an education and in teaching. At the Rensselaer Institute, Troy, N. Y., he was graduated as a civil engineer, and took the degree of Bachelor of Science in 1835.

In 1836 and 1837 he taught in the Pompey Academy, at the same time studying medicine with Dr. Stearns. Immediately afterward he attended medical lectures at the Geneva Medical College and the Albany Medical College, being graduated in the spring of 1840. In the following year he came to Syracuse, where he passed the remainder of his life. He at once took up the study of dentistry, and thenceforth devoted the most untiring energy, perseverance, and intense study to that profession.

He soon stood in the very front rank of operative dentists and gained a national reputation. He was associated with Dr. Chapin A. Harris in the early days of the Baltimore College of Dentistry, serving as professor of operative dentistry in that institution.

In 1852 he established a college of dentistry in Syracuse, which, however, had a short ex-

istence of some three or four years. Dr. Westcott was one of the founders of the Dental Society of the State of New York, was associate editor of the *American Journal of Dental Science*, and was actively engaged in the practice of his profession in Syracuse up to the time of his death.

His arduous labors undermined his health, and in 1871 he spent several months in Europe, but with no permanent benefit, and as a result his mind became affected, ending in his suicide July 6, 1873. Without warning he shot himself through the neck, dying soon after. The death of Dr. Westcott was a great shock to his family and to the community.

Outside of his profession, Dr. Westcott was a man of broad culture and progressive spirit, always evincing a lively interest in current affairs. He served as alderman for several years, and in 1860 was elected mayor of the city of Syracuse and did much for the welfare of the city.

In the president's address given before the meeting of the State Dental Society in 1874 will be found a eulogy and further details of the early association of Dr. Westcott with Dr. J. G. Ambler, then president of the State Society.



AMOS C. RICH, D.D.S.

PRESIDENT OF THE FIFTIETH ANNIVERSARY MEETING.

AMOS C. RICH, D.D.S., was born at Schuylerville, N. Y., April 5, 1856. He was a student in the office of his father for three years, and then entered the Pennsylvania Dental College and was graduated in 1876. He joined the Fourth District Society in 1876, being now its oldest living member, and having oc-

cupied all the offices in that district. He has for a number of years been a member of the Executive Council, and its chairman. At Albany on May 10, 1916, he was elected vice-president of the State Society, and at Rochester on May 12, 1917, he was elected president.

Officers of the Society.



HERBERT L. WHEELER
VICE-PRESIDENT
1918



GEORGE B. BEACH
PRESIDENT
1919



HORACE P. GOULD
VICE-PRESIDENT
1919



A. PERCIVAL BURKHART

SECRETARY

1918 1919



GEORGE H. BUTLER

TREASURER

1918 1919



ARTHUR W. SMITH

CORRESPONDENT

1918 1919



SURVIVING
E. A. BOGUE
CHARTER MEMBER



SURVIVING
WILLIAM CARR
CHARTER MEMBER



SURVIVING

G. A. MILLS

CHARTER MEMBER



SURVIVING

H. S. MILLER

CHARTER MEMBER

PAST PRESIDENTS

OF THE

NEW YORK STATE DENTAL SOCIETY.

Annual Session.	Name.	Residence.	Date of Election.
Organization	Amos Westcott	Syracuse	June 30, 1868
1st	B. T. Whitney	Buffalo	July 28, 1869
2d	L. W. Rogers	Utica	June 30, 1870
3d	W. B. Hurd	Brooklyn	June 29, 1871
4th	C. A. Marvin	Brooklyn	June 27, 1872
5th	J. G. Ambler	New York	June 26, 1873
6th	W. C. Barrett	Warsaw	June 25, 1874
7th	W. C. Barrett	Warsaw	July 1, 1875
8th	C. A. Marvin	Brooklyn	July 13, 1876
9th	L. F. Harvey	Buffalo	May 10, 1877
10th	A. M. Holmes	Morrisville	May 9, 1878
11th	C. E. Francis	New York	May 14, 1879
12th	O. E. Hill	Brooklyn	May 13, 1880
13th	O. E. Hill	Brooklyn	May 12, 1881
14th	L. S. Straw	Newburgh	May 9, 1882
15th	L. S. Straw	Newburgh	May 10, 1883
16th	L. S. Straw	Newburgh	May 14, 1884
17th	F. B. Darby	Elmira	May 15, 1885
18th	N. W. Kingsley	New York	May 13, 1886
19th	N. W. Kingsley	New York	May 11, 1887
20th	J. E. Line	Rochester	May 9, 1888
21st	J. E. Line	Rochester	May 7, 1889
22d	W. W. Walker	New York	May 14, 1890
23d	W. W. Walker	New York	May 13, 1891
24th	W. W. Walker	New York	May 12, 1892
25th	F. T. Van Woert	Brooklyn	May 10, 1893
26th	F. T. Van Woert	Brooklyn	May 10, 1894
27th	H. J. Burkhart	Batavia	May 9, 1895
28th	H. J. Burkhart	Batavia	May 14, 1896
29th	H. J. Burkhart	Batavia	May 13, 1897
30th	F. Le Grand Ames	Albany	May 12, 1898
31st	F. Le Grand Ames	Albany	May 11, 1899
32d	J. I. Hart	New York	May 9, 1900
33d	J. I. Hart	New York	May 10, 1901
34th	R. H. Hofheinz	Rochester	May 15, 1902
35th	R. H. Hofheinz	Rochester	May 14, 1903
36th	W. Jarvie	Brooklyn	May 13, 1904

Annual Session.	Name.	Residence.	Date of Election.
37th	W. J. Turner	Brooklyn	May 12, 1905
38th	W. A. White	Phelps	May 11, 1906
39th	W. S. Rose	Schenectady	May 10, 1907
40th	L. Meisburger	Buffalo	May 8, 1908
41st	B. C. Nash	New York	May 9, 1909
42d	A. R. Cooke	Syracuse	May 10, 1910
43d	Ellison Hillyer	Brooklyn	May 5, 1911
44th	Charles F. Baylis	Oneonta	May 10, 1912
45th	Wm. W. Smith	Rochester	May 9, 1913
46th	Albert M. Wright	Troy	May 14, 1914
47th	Stephen Palmer	Poughkeepsie	May 13, 1915
48th	Robert Murray	Buffalo	May 12, 1916
49th	Amos C. Rich	Saratoga Springs	May 11, 1917
50th	George B. Beach	Syracuse	June 14, 1918

The William Jarvie Fellowship Gold Medal.

On May 12, 1905, Dr. Wm. Jarvie, president of the Dental Society of the State of New York, outlined in an address a plan for annually presenting a gold medal to a distinguished member of the dental profession and making him a Fellow of the Dental Society of the State of New York. To receive this recognition Dr. Jarvie stipulated only such as had contributed results of original research or those whose high attainments and professional careers had been of such character as to have materially aided and advanced the science and art of dentistry. Those recommended must be natives or residents of the United States or Canada and be elected in the same manner as provided for the election of honorary members, and be awarded a gold medal of design and inscription approved by the society.

Dr. Jarvie requested the appointment of a committee of five to be named by the president and to be known as the

"Fellowship Committee," the said committee to select and annually recommend a member of the profession to become a Fellow of the Dental Society of the State of New York. Dr. Jarvie requested that the first year the committee have power to select three names and thereafter annually one. He presented to the society a \$1000 bond, the annual interest therefrom to be used in the purchase of the medals. The society accepted unanimously the broadminded suggestions outlined in Dr. Jarvie's address, and also the \$1000 bond, and a vote of thanks was tendered him for his thoughtful and generous act.

To meet Dr. Jarvie's wishes the by-laws were at once amended, a Wm. Jarvie Fellowship Gold Medal Fund was created, and the president appointed a Fellowship Committee consisting of the following: A. R. Cooke one year, S. G. Perry two years, R. H. Hofheinz three years, R. Ottolengui four years, and Wm.



WILLIAM JARVIE

Jarvie five years. The terms of service were determined by lot.

The committee decided for the first year to present one name, and recommended Dr. Greene Vardiman Black of Chicago, Ill., for election as Fellow of the Dental Society of the State of New York, and he was duly elected. The Fellowship Committee was given full power to select for the ensuing year two

additional names for presentation at the next annual session, and was also authorized to procure steel dies and three gold medals of suitable design and inscription.

At the annual session of 1906 the Fellowship Committee recommended Prof. W. D. Miller of Berlin, Germany, and Prof. Edwin T. Darby of Philadelphia, Pa., as Fellows of the Dental So-

ciety of the State of New York, and they were indorsed unanimously.

The committee further reported as follows: "According to instructions of the society, we have had steel dies made for a medal by Tiffany & Co. of New York. The medal is in the shape of an oblong square, one and five-eighths inches long by one and one-quarter inches wide. On one side are two Ionic columns and a classic female figure with a wreath of laurel held in her outstretched hand, with a shield resting at her side upon which is modeled the coat-of-arms of the State of New York. On this side there is inscribed 'The Dental Society of the State of New York,' and the Latin motto *Palmarum qui meruit ferat*, which translated is, 'Let him bear the palm who has won it.' On the other side is a palm-branch and the inscription 'Awarded to [name and date to be inserted], for his distinguished services to the science of dentistry.' The medal is eighteen karats fine and is inclosed in a morocco case."

Following the report of the committee, Dr. Jarvie presented the following communication: "Gold medals such as would be satisfactory to the committee will cost fifty dollars each, instead of forty dollars as first supposed, and as the interest upon the one thousand dollar bond which I gave to the society a year ago amounts to but forty dollars per year, I ask that the bond be returned to me, that I may replace it by a more valuable one, the annual interest of which will be fifty dollars. The report of the committee shows an outlay of \$300 for dies and three medals. The interest

upon the bond has been forty dollars, making an excess of expenditure of income of \$260. With your permission I will give to the society this amount, so that no draft be made upon the treasury for expenses incident to awarding the medals. Respectfully yours, WILLIAM JARVIE."

The thanks of the society were extended to Dr. Jarvie, after which Dr. Turner, the president, appointed a committee to escort to the platform Drs. G. V. Black, Chicago, Ill., and Edwin T. Darby of Philadelphia, Pa. (Dr. W. D. Miller, Berlin, Germany, not being present), and presented each with a Fellowship Medal. At page 6 of the published Transactions of the Society for that year (1906) will be found the presentation remarks of Dr. Turner and the replies of the eminent gentlemen named.

The Dental Society of the State of New York has thus, through the generous acts of its beloved member Dr. Wm. Jarvie, been able to honor worthy, eminent, and brilliant members of the dental profession. (On the following page will be found the list of those who have been elected Fellows and received the Jarvie Gold Medal.)

Quite a number of the Fellows whose names appear on the Fellowship roster have gone to the great Beyond, but they are not forgotten.

At the golden anniversary of the society, at Saratoga, N. Y., in June last, reported in these pages, Dr. Jarvie honored the society by his presence, and it is earnestly hoped that he may be spared to the profession for many years.

A. P. BURKHART, *Secretary*.

FELLOWS OF THE DENTAL SOCIETY
OF THE STATE OF NEW YORK.

*Dr. G. V. Black, Chicago, Ill.

*Dr. W. D. Miller, Berlin, Germany.

Dr. E. T. Darby, Philadelphia, Pa.

Dr. Wm. Jarvie, Brooklyn, N. Y.

Dr. Truman W. Brophy, Chicago, Ill.

Dr. Eugene S. Talbot, Chicago, Ill.

Dr. M. H. Cryer, Philadelphia, Pa.

Dr. N. S. Jenkins, New Haven, Conn.

Dr. R. R. Andrews, Cambridge, Mass.

*Dr. S. G. Perry, New York City.

*Dr. James Truman, Philadelphia, Pa.

Dr. William Carr, New York City.

Dr. Chas. N. Johnson, Chicago, Ill.

Dr. Victor H. Jackson, New York City.

*Dr. J. R. Callahan, Cincinnati, Ohio.

Dr. George H. Wilson, Cleveland, Ohio.

*Deceased.

TRANSACTIONS

OF THE

FIFTIETH ANNUAL MEETING,

HELD AT

SARATOGA SPRINGS, N. Y., June 13-15, 1918.

FIRST DAY—Morning Session.

THE fiftieth annual meeting of the Dental Society of the State of New York was held in the Casino, at Saratoga Springs, N. Y., on June 13, 14, and 15, 1918.

The meeting was called to order by the president, Dr. Amos C. Rich of Saratoga, at 11 o'clock.

The living past presidents and Fellows of the society occupied seats on the platform.

Rev. PETER A. MACDONALD invoked divine blessings on the deliberations of the society.

In the unavoidable absence of the mayor, Judge MCKELVIE of Saratoga welcomed the society to Saratoga Springs.

Dr. A. M. WRIGHT, Troy, N. Y., responded to the address of welcome on behalf of the society.

The vice-president, Dr. H. L. Wheeler, then took the chair, while President Rich read his annual address, as follows:

President's Address.

By AMOS C. RICH, D.D.S., Saratoga Springs.

OUR FIFTIETH ANNIVERSARY.

Fifty years have passed, and the Dental Society of the State of New York stands as a monument to the memory of those devoted and loyal members of the profession who believed and worked to have it legally recognized as a profession. Among those who were active in preparation of the law, and who afterward became first president of the society, was Amos Westcott. Singularly, the name Amos is attached to that of the fiftieth president, but history will be unable to find any other parallel, because our first president, Amos Westcott of Syracuse, was a man renowned in his day and generation, being the man who discovered cohesive gold and the use of plaster for an impression of the mouth, thereby contributing to both operative and prosthetic dentistry. And it would seem that he was selected by the gods of destiny, as after events have proved and history hath recorded. He led and

worked with a band of devoted and faithful workers, who builded the state edifice of Dentistry so well that it has stood the test of time. It seems to me superfluous that the record of our profession and of our society since its formation should be recorded in the President's address, because we shall be edified by a regularly appointed historian who is able and capable of making such a record. And further, we shall be permitted to listen to a prophet who may tell of what he can see in the future years before us as a profession.

In all probability few if any of those present at the formation thought of an anniversary meeting, much less a fiftieth celebration. But, ladies and gentlemen, we have with us today some who were present at the birth of our society and have lived to see our profession attain its rightful status, and our society and state dental law become a criterion for others.

THE DENTAL PROFESSION AND THE WAR.

Since our last annual meeting we have a better knowledge concerning war and its awful frightfulness. We have been called upon to get closer to humanity and to help save it from becoming bestial, and before this war is over we shall be called upon to sacrifice much for humanity, victory, and peace. All in our professional work can help make men fit to fight—that life, love, and liberty may prevail. Each and every one of us may and should do his part. Some may go to the battle front, others to the camp front, others to the office front, and others can buy bonds and help our boys, Uncle Sam, and our gallant allies win the war. It is because of humanity and what we do for it that we are recognized as a profession.

Our professional edifice has for its foundation humanity, otherwise we should be merely artificers or mechanicians; therefore we should do much for humanity, especially at this time, when there is such need of our services to make those who go to the front fit to do their bit. It is not enough to buy bonds of Uncle Sam; that is a mere loan, and the best investment in the world. We who stay at home, whatever the cause, must do more, we must sacrifice in some way that we may be truly patriotic. If we cannot go to the front the least we can do professionally is to sacrifice our time and fees to make someone else fit by our skill. Then shall we feel true consciousness of having done real service for the flag we all love.

When the history of the war is written dentistry will be given due credit because we helped to make our fighting forces fit to face the enemy. History will show the unselfish purpose of our profession to serve humanity. That record will be one of glorious achievement, in restoring to friends and loved ones those who in fighting for liberty and democracy have been horribly maimed and disfigured. Such scientific skill and prosthetic handiwork by dental surgeons and prosthetic artists has never previously been known or thought possible. Wonderful restorative work has been accomplished in conjunction with the plastic surgeons of the medical fraternity. It is manifest in the light of happenings of these days (quoting our lamented Dr. S. G. Perry, "In the fulfillment of our destiny, which is to be one of the most blessed because one of the most useful callings on earth") that a universal service must in the near future be an accomplished fact. As a nation we cannot go on in our present ways, knowing, as we do now, that we are not produ-

cing citizens physically nor mentally fit to fight for our rights. We face the failure side of our democracy as well as the other. We must provide ways and means to eliminate such failure. Our promiscuous population requires that drastic methods be employed to produce national and man power to protect our country, our flag, and our homes. We must not hereafter be content to ignore our failures because we are happy and prosperous as a nation. As physically perfect man power makes for victory and peace, so must the members of the fraternity of the healing art work to produce it, through universal service to humanity. Our citizens who are ignorant must be educated, that they may properly care for themselves and their families. In sequence it follows that those who are unfit to win their way, or fight to protect their country must be made so, then shall our country be better able to protect itself from those who would destroy us. Then may we eliminate disease, poverty, crime and aristocracy.

THE NEW DENTAL LAW.

The new dental law is working well, and thoroughly indicates the judgment of those responsible for its enactment. Many misgivings and much earnest solicitude was indulged in by some of our foremost thinkers concerning the provision which established dental hygienists. There is today much, and later must be more, gratification to us all that the dental hygienists have established their worth and usefulness as shown by the records up to date. They will in the near future fill an important position in all offices where the practice is up to date, extending comfort to the patient and to the dentist under whose authority they operate. The demand for hygienists is

now increasing, because they are legally recognized, and furthermore it has become evident to the busy practitioner that he can thereby be relieved of disagreeable drudgery. There is one portion of the law which should be heeded by all for the benefit of every ethical dentist, and that is the provision requesting each registered dentist to report to the secretary of the board of dental examiners the name of any person practicing dentistry who is not registered. In this connection every legally registered dentist should again read that part of the law which defines what constitutes the practice of dentistry. Please note that a sign or newspaper advertisement constitutes "holding out as practicing dentistry;" also note the provision regarding the practice of dentistry under *false* or *trade* name. Through annual registration we are able to locate every person practicing dentistry legally; that is, if everyone registered does his duty toward his fellow practitioner and himself. Remember the name of the informer is held inviolate. Information regarding illegal practitioners helps to enforce the law. All must remember that no one man can be in all parts of the state at the same time. The prosecuting officer representing the profession must have the assistance and co-operation of all.

THE PREPAREDNESS LEAGUE.

This war has driven many things from our minds, but we must continually promote and enunciate the necessity for and means to national health. Greater co-operation with and greater manifest interest in the work of the Preparedness League of American Dentists are desirable, and much greater participation in its activities. We may not all agree with

the methods nor with those who are active in the work of the League, but we can and must all agree that the fundamental principles of the League's activities are sound and necessary, and furthermore, it cannot hurt but must rather amplify our usefulness as a profession. The League now has a membership of over 15,000, and has a complete organization in each state, in Alaska, and in Porto Rico. It is connected with the general medical board through a subcommittee of the committee on dentistry of that board. It has the indorsement of the Government because of its assistance through dental service to drafted men. The dental motor car of the League is probably the most perfect of its kind in the world, and is a marvel of ingenuity. Its capacity is about 100 patients a day, and its cost about \$5500. The League is certainly one of the most potent unifying influences in the dental profession today. And to my mind there is no need of its work or influence being lost whenever the war shall cease; it is dedicated to the service of the greatest flag that floats.

PUBLICATION OF THE SOCIETY PROCEEDINGS.

In the interest of true professionalism I again recall to your mind the publication of our proceedings as a State Society. For some years they have been published by a trade journal at their convenience and for their advantage, because of the merit of the material produced, otherwise a trade journal would have no use for it. True, they are so published at a nominal cost; nevertheless at a high cost to us in a professional sense.

Professionally it is no incentive to members or guests who appear before us as essayists or discussers to have their efforts subjected to the whims of a trade

journal editor, as to what is worthy or eligible, and likewise as to the proper time for publication. As members of a society of professional men (which means that we stand before the people better educated and worthy of trust as practitioners of our branch of the healing art) we should desire better things concerning our proceedings and their publication. We have had unnecessary and unfortunate experiences regarding this matter, and a society with fifty years of professional and scientific work already accomplished should not relinquish control of the professional and scientific material brought before it, and for the production of which it is responsible. Our membership should not be compelled to await the disposition of a publisher as as to the proper time of publication before they can avail themselves of the professional and scientific data therein contained. We really should adopt and maintain a higher standard for the platform upon which we stand. I therefore recommend that necessary action be taken to publish our proceedings under conditions of society and professional control. Furthermore, in my humble judgment the dental profession must soon assume an advanced position as regards publicity of professional knowledge for the benefit of the people. Our State Society as the representative authority of the dental profession in the state should be responsible for the better education of the people concerning dentistry. It should not be left to any unauthorized person to go before the people to give publicity to his personal views as to what is best procedure in dentistry. I sincerely hope this society will give this matter sincere and careful thought and study, to the end that we may in the near future have a real publicity department.

MEMBERSHIP.

It is wise to take a perspective view of ourselves at times, and with that in mind let us investigate our membership. To-day there are about 5600 practitioners of dentistry within our state, and as our total membership is only 1400 we do not numerically represent our profession. In numbers there is strength. We should be a strong society in that sense. Legally we are strong. We, as a profession in this state, could do great things with large increase in membership and the consequent increase in financial help. With the assistance of the published list of registered dentists in the state issued each year according to law, the members of our State and district societies can with little effort eliminate from the registry list all but the ethical practitioners; then, by comparison of the ethical with the membership lists, the eligible dentists could be listed and a great increase in membership could be accomplished by systematic work through energetic committees. It is only necessary for me to refer you to the very great increase in the membership of the Ninth district, who have just emerged from this year's membership campaign with a 50 per cent. increase, to show what can be done by united effort and systematic work. A few years ago our membership was augmented by changes in the constitution and by-laws regarding membership, and when we observe what has been done through efforts made at that time and the effect upon our State Society, what may we not expect from a much larger number of members such as we can have by a little effort on the part of those within? We should benefit ourselves, our profession, and humanity. Therefore I recommend that there be appointed a member-

ship committee of one or more from each district society (with power to increase the number) who shall be charged with the duty of increasing their membership. It might be wise to offer some inducement to instil rivalry as to which district should make the greater percentage of gain according to its present membership.

PUBLICATION OF A SOCIETY BULLETIN.

I am very strongly of the opinion that our State Society is greatly in need of the assistance that will be afforded by an official *Bulletin*. It is not necessary that it be an expense, it can be made a source of revenue. It should be a means of communication between the district societies as well as between the State and district societies, and last but not least, it is a means whereby the officers and committees can communicate with the members, and official announcements can be made. I refer you to the successful use of a *Bulletin* by the Second and Ninth districts. Our society cannot stand still, we would disintegrate. We must progress. We should be a *live* society. Everybody likes to be a part of a live organization, and I believe a *Bulletin* to be one of the means of producing a going society. I therefore recommend that action be taken favorable to the early establishment of the State Society *Bulletin*.

APPOINTMENT BY THE STATE OF AN ORAL
HYGIENE INSPECTOR.

I am informed that there was inserted into the budget of the state Educational department the sum of \$3000 for the oral hygiene purposes this year, providing for an oral hygiene inspector to be attached to the school medical inspection department. It may be permissible for the

Oral Hygiene Committee of our Society to co-operate in this work, which so essentially pertains to our profession. I therefore recommend that a contingent appropriation be made for the Oral Hygiene Committee, and that they be instructed to investigate, and if co-operation with the Educational department be possible, they may be in a position to do so.

There has been and is now being agitated by old and new organizations in the United States the subject of improvement in the physical conditions of male citizens of the country. The disgraceful physical conditions of our man power as shown in the defects disclosed by the examinations of our volunteer, enlisted, and drafted men to form the national army are such as call for laws and regulations that will compel a physically strong American nation. Just what the best means are to bring about such a condition should be found by representatives of the medical and dental professions. It must be a patriotic duty with us so to rear our children that they may become mentally, morally, and physically fit to fight if need be for our national rights as a democracy. To this end it would seem to me pertinent that the State Society should memorialize the National Dental Association upon a propaganda for universal service and preparedness through national physical standards and other agencies, and the means to attain them.

Permit me to express my hearty appreciation of and my sincere thanks for the work done through the year by the officers and committee members and guests, and all others who in any way have contributed to the success of this celebration. For to them is due all credit. Much credit must be given the clinicians who

have consented to interpret the vital operations they have brought to our attention. The hearty co-operation of the manufacturers and exhibitors in helping to make this meeting a success is most heartily appreciated.

I have visited every district society where invited, with the exception of one, that omission being unavoidable. All the pleasures of this office come from personal contact with the membership at these gatherings, where hospitality and good cheer prevail. I feel greatly indebted for such hospitality extended to me during the year.

It will be the gratification of a sincere wish if all who attend this meeting shall have a pleasant time, and go away feeling that they have been rewarded for coming.

Dr. WHEELER. The address is referred to the standing Committee on the President's Address, which will report at a later session.

President Rich then resumed the chair.

Dr. WILLIAM CARR of New York read a paper entitled "History of the Dental Society of the State of New York." [See pages 93 to 101.]

The President then called upon Dr. J. W. Beach of Buffalo to speak on behalf of the Preparedness League of American Dentists.

Dr. J. W. BEACH, Buffalo. This is an unexpected pleasure, but we can always say something about the Preparedness League, although I can tell very little that will be new. The work has been going on since war was declared in this country, and about fourteen months prior to that, to take care of the draftee and make him dentally fit to go into the fighting line.

Prior to the declaration of war the work was confined to the National Guard, and a great number of operations were performed, prior to the active work of the League after war was declared.

In August 1917, the proposition was made to the Surgeon-general that we take up the work of preparing these men in the eastern military department. This was given to the charge of Major Heckard and Dr. Ash, who kindly assumed the responsibility. They appointed directors in different parts of the division, and started work which went on so well that we eventually asked for the whole United States. It was rather a large request, but it was granted us. Then the work of organization proceeded from the New York headquarters, under the direction of these two gentlemen, and a wonderful organization has resulted. It may be new to you to know that each week, for the last six weeks at least, we have received at those headquarters 10,000 cards, each one of which says, "This man is dentally fit to go into the fighting line." This has cost the government nothing, except the salary of the one military representative, Major Heckard.

We feel the work has now reached a point where the dentists of the country may feel that it is properly approved. The government officials have backed up the League in a wonderful way, and I wish I could tell you all I would like to in that respect; but it has been because 15,000 dentists have banded together in this work, and have said to the League that they would give one hour free dental service each day, and would make these men dentally fit for service.

There has been misunderstanding as to the actual status of the registrant in regard to receiving free dental service.

First, I may say we want it partic-

ularly well understood that every service rendered in the name of the League must be done absolutely without fee. Even if a man presents himself who is well able to pay that fee, we do not question him whatsoever. If he wishes one hour service, which the League asks shall be given him, he is entirely welcome to it. Beyond that time, if the dentist feels he should not give that man further free service—and we do not mean to interfere with the regular practice of any dentist—if that registrant says he can pay for that service, he should then be discharged as receiving the benefits of the League, and either sent to another dentist or, if he wishes to have the dentist continue his work, he may apply in the regular way to that dentist. The card which is then filled out—Form 3-c—is put in the mail, and the service to the registrant ends there. It is the opinion of those higher than the authority of the League that this service must be rendered in this way without any question whatever.

We want the public to understand that the League is in no wise a part of the government. It is merely sanctioned and approved by the government. The men who apply to us for free dental service have the impression that the government is to pay for this work, and we would like a certain form of publicity to go out correcting that idea. If the public understands this, I believe it will help very much in correcting many misunderstandings. We have those who perhaps wilfully bring up points which rather interfere with the smooth running of the League in that way, but the great object we wish to impress is that it is for our country, for our men, and for our profession. We must make our men as well prepared as possible to undergo the hardships which they will encounter on the

other side. We cannot sidestep this issue, and in view of the fact that the League is the only organization which is undertaking this specific work, we should take it up as far as we can, and understand we are the only ones who can perform this service. Anyone can carry a gun, but all cannot do this work. A child can sell war savings stamps and sell Liberty bonds, and take Red Cross contributions. I feel that our professional men should therefore confine their efforts to doing the things which others cannot do. There is not a man here who can in any sense serve his country so well by carrying a gun on his shoulder as he can by filling teeth. Those are a few points we would like understood by our members.

I personally am very deeply imbued with the feeling that we should inaugurate a simple, practical study course, if

you wish to put it that way, or a course of instruction for the lay practitioner. The government is preparing in every way to fit our reserve corps men and regular army dental surgeons to take care of the men when they return injured. That leaves out of the reckoning a man who is taking care of the civil practice. This man should have the benefit of some instruction that will help him to take care of the cases which will return, and which the government cannot take care of, or cases which have slipped past the government officials. We must be prepared to take care of the men who come back injured, and we are trying to formulate a simple, practical course which can be given for these men. I feel sure we have the full co-operation of the dental profession.

The society then adjourned until 2 P.M.

FIRST DAY—Afternoon Session.

The meeting was called to order at 2.30 o'clock by the president, Dr. Rich.

The President introduced as the first speaker of the afternoon Dr. B. HOLLY SMITH of Baltimore, Maryland, who read a paper entitled "The Past and Present of Operative Dentistry." [See pages 102 to 107.]

Dr. PAUL R. STILLMAN read the Report of the Committee on Practice. [See pages 108 to 119.]

The Correspondent, Dr. ARTHUR W. SMITH of Rochester, then presented his report. [See pages 120 to 127.]

Adjournment to 8 P.M.

FIRST DAY—Evening Session.

The meeting was called to order at 8.30 o'clock, by the president, Dr. Rich.

CHARLES H. MAYO, M.D., of Rochester, Minn., was expected to be present in person to read his paper entitled "The Control of Focal Infections," but sent a telegram stating that military duties prevented his attendance. His paper was read by Dr. A. L. Swift, of New York City. [See pages 128 to 137.]

Dr. WESTON A. PRICE, Cleveland, Ohio, then gave an illustrated lecture, entitled "A Study of the Conditions which Indicate Whether or Not a Tooth Should be Extracted."

[This lecture is not published here for the reason that no revised manuscript was received from the author.—Ed.]

Adjournment.

SECOND DAY—Morning Session.

The society was called to order by the president, Dr. A. C. Rich, at 11 o'clock, in the Convention hall.

Dr. WM. DWIGHT TRACY of New York read a paper entitled "The Next Quarter-Century in Dentistry: A Prophecy

Based on the Needs of the Profession and on Our Hopes for Its Development." [See pages 138 to 144.]

Adjourned until the afternoon session.

SECOND DAY—Afternoon Session.

President Rich called the meeting to order at 5 o'clock, and Dr. A. W. TWIGGAR of Ossining, N. Y., read the Report of the Executive Council.

Dr. Low moved that the proposed amendments to the By-laws proposed by the Second District Society be not read at this time, but be referred back to the society.

The motion was carried.

Dr. ROBERT MURRAY, Buffalo. There is a matter that should be disposed of before this meeting adjourns. At the

last annual meeting, I presented the amendment to the By-laws whereby, if the contingency arose in the future, the inconvenience caused might be avoided—namely, with reference to the place of meeting. The provision of the By-laws that I recommended should be amended was Section 31: "That the Society shall hold its annual meeting commencing on the second Thursday of May in each year, commencing at 10 o'clock A.M., and such other meetings as may be necessary. The Executive Council before adjournment shall name the next place of meeting."

My amendment reads: "The Executive Council shall name the next place of meeting." This amendment has no reference whatever to the time. Our By-laws as they stand, state that the meeting of the society shall be held the second Thursday of May in each year, and if we are going to change the time of meeting, I think the Executive Council should make that amendment at this session, to pave the way for our incoming president. I would suggest that the Executive Council be called in executive session now, if a majority be present, and dispose of this matter, so the situation may be clarified.

Dr. G. B. BEACH, Syracuse. I am quite certain that the section of the By-laws as read by Dr. Murray has not been adopted. There is a new section, however, which Dr. Twigg has just read, which was to be incorporated in the program, but has been overlooked.

Dr. R. OTTOLENGUI, New York, read an amendment in regard to place and date of meeting.

On motion, the report of the Council was approved.

The next order of business was the installation of officers.

Dr. G. B. Beach, of Syracuse, the newly elected president, was conducted to the platform.

Dr. AMOS RICH. *Dr. Beach*,—After your many years of faithful and arduous service, this body has seen fit to select you for this important office. I congratulate this society upon its selection,

and it is with considerable pleasure that I hand this gavel over to you, and wish you all success in the discharge of your duties.

Dr. G. B. BEACH. In assuming the office of president of this society, I take it with mixed feelings. It is an honor which has come upon me so suddenly as to hardly permit me to express myself intelligently. I can only wish for the co-operation of every district, and of every man in every district. We have troublous times about us, but there is no reason why our dental affairs should suffer materially. More work brings us closer together, and makes us more dependent one upon the other.

In this beautiful hall perhaps it is a fitting time to express our appreciation of what our retiring president has done for us in providing this beautiful place of meeting and these beautiful patriotic decorations, which are a great inspiration to us.

I ask you to aid me in this great work which is before me, and I feel you will.

I thank you, Mr. President and gentlemen, for this honor, which I very deeply appreciate.

Dr. A. L. SWIFT, New York. I would move a vote of appreciation to the City of Saratoga Springs, and to our retiring president, for all the courtesies which have been extended to us, and for permitting us to meet in this beautiful hall amid these beautiful decorations.

The motion was carried.

Adjournment.

SECOND DAY.—Evening.

Addresses at the Banquet; Presentation of Medals, etc.

An informal banquet was held on Friday evening, at the Masonic Temple, which was largely attended by the members and guests, accompanied by their ladies.

Dr. Amos C. Rich acted as toastmaster.

Dr. RICH. *Ladies and gentlemen*,—I have great pleasure in introducing to you a gentleman from whom you will be glad to hear. He comes to us representing another friend of ours—and that means he is also a friend of ours. He comes from a far distant city. He has a pleasing message for us, as well as some other words which he desires to say. It is a considerable way for a person to come, from Chicago to this state dental meeting, and I am very thankful and pleased that Dr. Donald M. Gallie of Chicago is with us, and will address us.

Dr. DONALD M. GALLIE, Chicago, Ill. *Mr. Toastmaster, members of the New York State Dental Society and friends*,—I assure you I am not in as great a hurry to be introduced to this audience as the Irishman who got on a tramcar with a Scotchman. They had no sooner gotten seated, than a pretty little lass tripped into the car, and as she did so, Sandy raised his hat. The Irishman said, "By golly, Sandy, she's a peach. Do you know her?" "If I didna know her, would I doff my hat to her?" "Well, why don't you introduce me to her?" "Bide a wee, mon! Bide a wee! she has no paid her fare yet!"

I was in hopes the toastmaster would bide a wee, so that I could recover from the effects of this wonderful banquet you have given us. You are all disappointed, I know, in not hearing or seeing Col. Logan tonight, but he is a very busy man these days. He expected to be here, but at the last minute was called to the American Medical Association meeting in Chicago, because there were things happening there, and he had a message to deliver which made it necessary for him to be present. From Chicago he returns to Washington, and has to then immediately go to Camp Oglethorpe. So it is impossible for him to be with us this evening. I am sure you would all like to have him here, but your disappointment and Col. Logan's loss is my gain, because it gives me the great pleasure of coming here to meet with the members of the New York State Dental Society.

We know what that stands for. We know the wonderful things you have accomplished; and so, on behalf of the president of the National Dental Association, and on behalf of the Illinois State Dental Society, I bring you greetings. We hope in the course of a few weeks to welcome the members of this society in Chicago to the great meeting of the National Dental Association that we expect to hold there. We are not unmindful of the splendid things you have done—of the pilgrimages you have made to Chicago to our big meetings,

and we cannot forget the great meeting you held in New York last fall. I cannot help but feel that there have been some appropriate arrangements made to hold this meeting at this time in the City of Saratoga Springs. You have selected a town closely associated with the struggles of the early settlers. Today is the one hundred and forty-first anniversary of the adoption of Betsy Ross' flag, and it seems most appropriate that you should hold these exercises and this banquet on this day. One hundred and forty-one years ago that starry banner stood for the freedom of a nation. We have always loved it, but we look upon it with a different feeling today. Not only does it stand for the freedom and preservation of this land, but of all civilization, and these starry folds will lead us in that great struggle.

This is your fiftieth anniversary—a golden jubilee! I congratulate the New York State Dental Society because at this time you have joined the sisterhood of thirteen jubilee states. I think this is the thirteenth state society that has been in existence for fifty years. Fifty years in the lifetime of man is a considerable period, but in the life of institutions, or of nations, it is but a day; and yet fifty years of dentistry practically means the life of the society and means practically two-thirds of the life of American dentistry, because we go back to 1839 or 1840, when Chapin A. Harris and Horace Hayden started this great profession on the professional road which is now being followed so well. In 1839 or 1840 we had but one college with two students, and at the same time a dental society with sixteen members, and dental literature consisting of a little four-page pamphlet. Think what we have accomplished since then! It has become a

habit—in some sections a disease!—to lay all the blame on dentistry for all the ills that flesh is heir to, and to apologize for what we have done in the past; but tonight I am prouder than ever that I am a dentist, because of what we have accomplished in that time. From *one* college to more than fifty, the large majority well manned with instructors competent to teach the young men and women that come there. Instead of the four-page pamphlet we have a great number of splendid magazines—one in particular that reaches the larger percentage of the profession. It is some satisfaction to know that out of a total registration of more than 40,000 dentists, we have 26,000 members in the National Dental Association. Every member receives the *Journal of the National Dental Association*, so you can see the great benefit and the great work that is accomplished by an organization of this kind, with an organ that reaches each one of its members.

The very nature of our business from the beginning carried us along mechanical lines. We were fascinated and carried away by what we could do in reparative procedure, and then came the indictment of Hunter! We did not try to establish an alibi, but we began to work to get rid of that indictment, and the result is most gratifying. Nearly every state society started reorganization; almost every society joined with the National. Study clubs sprang up all over the country. Postgraduate courses were inaugurated by many of the state and city societies, and conscientious research work by individuals and organizations.

I am not discouraged because occasionally we do not fill a root properly, or because we have some derelicts in the jaws that should be removed. I am

not stampeded—neither should you be—by the radical demands of some of our brethren. We should not be scared by the radiograph—and I give way to no one in my appreciation of the X-ray. The oldest court reporter in Chicago, a man who has a splendid standing, asked me, "What dependence do you place on the X-ray?" I said, "We could not get along without it." He replied, "That may be, but today there is nothing in the courts held in such disrepute as the X-ray. One man will make one interpretation, and another man another." Pictures can be made to suit either side.

We should not be carried off our feet by the extreme practice of some of our members. As long as you get results and as long as you are honest, it makes no difference whether you excise, ionize, or encapsulate.

In no branch have we accomplished more than in the better treatment and filling of root-canals. It comes back to the old principles on which this profession is largely built—finger-craft, patience, and an understanding of the parts upon which we are working.

We should be loyal to the profession. We can be proud of our record, and we must be honest with ourselves and our patients, and then we shall have no reason to be ashamed.

In the past year a great responsibility has been placed on the dentist. We have been called on to fit out the men who are going to the front, to relieve, reclaim, and remake the victims of the battlefields; and this is one of the greatest responsibilities ever placed upon a profession. Think how poorly we were prepared to carry on this great work! The first reports from Europe showed that it was necessary to have a great dental corps, by the very nature of the wounds

received in the present mode of battle. We had nothing to go by. The Government was somewhat at a loss how to proceed. We did not have a dental reserve, as our medical brothers had a medical reserve. We had only a few members in the Army Dental Corps, not enough really for one small standing army.

It is, of course, known to you all what took place in Washington, how a few men were selected from different parts of the country on account of their fitness, and a Dental Committee was organized as a part of the National Council of Defense. One member was not present at the first meeting, but he was notified by the Surgeon-general to attend the second meeting, and he did so. Many inquiries were made by Dr. Martin, head of the Medical Board. They had to depend on the Dental Committee to guide them. It was a great task to start without anything to guide them, without any organization; and when you think of the wonderful things that have been done in Washington, it is something we can be proud of. A call was made for men to join the Dental Reserve Corps. The great majority of those who responded were young men. Only a small percentage of the men of your age responded, and for fear these would not be enough, there may have been some little haste on account of the uncertainty in selecting men. But that has been remedied, and today, of the 2600 men assigned, less than 100 are men out of college but one year. So if you hear the statement that inexperienced young men have been selected for the Dental Corps, and that the older men did not have a chance, challenge that statement, because care has been taken that only competent men have been and shall be selected.

The men who are best fitted are men who have been out of college from three or four years to ten years. These young men who have had the advantage of the latter-day teachings, who know more about pathology and surgery and bacteriology, have an advantage over the older men, who, while they could make restorations and fill teeth more perfectly than the young men, lack instruction in the things which are necessary for those who go to the front. Today we have 2600 men assigned, enough to care for an army of 2,500,000, and enough commissioned to care for an army of 5,000,000. It was a great satisfaction indeed to read in the *Chicago Tribune* last Monday morning the reports made at the American Medical Association. The heads of the different branches in surgery were called upon. The representative of the dental profession, the head of the Dental Corps, was unable to be present in time to make a report, but someone made a report for him. A noted surgeon, speaking of what had been accomplished, said, "We have enough physicians and surgeons to care for an army of 2,000,000; but the great achievement in the Surgeon-general's office in this war is the splendid work done by the dental profession, and the man who represents the dental profession in the Surgeon-general's office. They have enough men to take care of 5,000,000 troops." It sounded good, and it looked well in print, to have our own man stand out above anyone else in the department.

I witnessed a great demonstration at the War Surgery meeting in Medina Temple. There was an audience of 12,000 and there were present on the speakers' platform Sir Arbuthnot Lane, Sir James McKenzie, Col. Herbert Bruce of the British Army, and some of the

great Belgian, French, and American surgeons. The procession of about five hundred military surgeons marched in, and facing half on one side and half on the other, they stood at attention; then came the men at the heads of the departments in the Surgeon-general's office, and it was a great satisfaction to see leading one line the representative of the dental profession, Col. William H. G. Logan, by virtue of his rank. (Applause.)

We have no reason to be ashamed of the record we are making in Washington. Col. Logan would have told you of some of the big things accomplished. He would have told you in a modest way, because he hesitates to speak of the achievements of his department. There are today 2600 men assigned to active duty. Through the efforts of Col. Logan and others there have been four inspectors appointed who go from cantonment to cantonment, making a report of what they find. It will be the aim of the inspectors to see that all infirmaries at the cantonments, camps, and posts are up to standard, and that an accurate record of all dental operations is kept. In this way we will have some data relative to the prevalence of diseased mouth conditions among our troops. There is no doubt that these records will be a great contribution to the profession. To fit our men for better service there has recently been organized and is now under way a dental training school at Camp Greenleaf, Fort Oglethorpe, Ga. This training camp has facilities for instructing 160 officers at one time. The course of instruction consists of two months' training in military and dental subjects. No doubt this course will call for the highest type of men, and those who do not measure up

to the full standard will be sent back home, and others will be appointed to take their places. If Col. Logan were here he could tell you about the splendid work of our boys overseas and the place they have made for dentistry in the army.

So much for what Col. Logan would have told you. Now I am not speaking for Col. Logan, but for myself and, I believe, the great majority of the dental profession. Who is this man who has done so much in a few months? He is a man who practiced in Chicago with us for years. He enjoyed a very large practice. When the call came he did not hesitate. On account of the great knowledge he had of facts pertaining to colleges and state boards and men in the profession, he was selected. He succeeded that splendid man, Dr. Kirk, as chairman of the Dental Department in the Surgeon-general's office. He has done everything in his power for us. He worked to the limit of his strength and made every sacrifice to bring the Dental Corps up to expectations, and as is often the case, after all he has done, although praised by many, he is damned by others. I think it is but right that some of you dentists in the State of New York should know something about the obstacles he has had to contend with, and the irritations he constantly meets; and were I to tell you of some of the dastardly attacks made on this man, and some of the conspiracies hatched against him, you would stand up and protest and revolt against it. Dr. Logan went to Washington as a civilian, and because his usefulness was not the maximum as a civilian, he was advised to take the rank that was befitting him. That advice came from his superiors in his department in the army, and he was told to take the commission of major. He

got it by virtue of his dual degree of M.D. and D.D.S. He was a captain before he went to Washington. To take the rank of lieutenant that so many criticized him for not taking, would not have been in keeping with the work he undertook to do. He knew a lieutenant in the War department would have as much show as a snowball in Hades. He took the commission of major, and then he was advanced. It is said by some that there are four ways to get recognition in Washington—that is, by social pull, political pull, professional pull, or military pull—and I want to assure you there has been no pull on the part of the representative of the Dental Department of the War-office that was as strong as a silken cord. He knew no one. He was made major and was promoted to lieutenant-colonel, and is now colonel, on his merit. He was placed in the National Army, where he could become colonel—why? Because those in the War department who knew his worth and the wonderful work he was doing felt he was entitled to it, and should take that rank. I am sure no one here, and there should be no member of the profession throughout this land, who would criticize him for accepting the rank he practically had to accept if he wished to remain there as the head of the Dental Department. This conspiracy, I hope, is through, because the cards are now on the table, and those who are disgruntled and whose selfish aims and ambitions have not been gratified, and some of the profiteers who thought they could handle contracts to suit themselves, will find there is a man in Washington to-day who has the confidence of the Surgeon-general, and as long as he will do as he has done in the past, and assume the great responsibility that will come

upon him, I am sure he has the best wishes of every member of the profession to continue to serve the profession as well in the future as he has in the past. Instead of letters being sent to Washington and the Surgeon-general's office criticizing this man, it is more fitting to send resolutions of confidence offering the services of every member of the society to the Surgeon-general, and assuring him that the profession has implicit confidence in the man who has so ably represented us in the Surgeon-general's office. (Applause.)

I ask the members of the New York State Dental Society to be loyal, and stand behind Col. Logan and the men who are holding the line. What are you or I or the rank and file of the profession doing for these boys who are sacrificing, as many of them have, their lives, giving up their chances and prospects, while we are sitting back and enjoying all the luxuries and advantages of the profession—a profession that is less affected than any other today? There is no line outside of the munitions and those supplying the army that is less affected than dentistry. There is no class of men today, and I have made investigation, that enjoys a better average income than the dentist. It may be that some of you feel you are doing your duty by paying one dollar to join the Preparedness League, which is laudable, of course. Their great work surpasses anything in any other profession or calling. The medical profession and the War department realize and appreciate it, and we are proud of their record, but we must do more than that. You may feel you have done your duty because you have subscribed a pittance to the Red Cross, or bought a Liberty bond, but more is expected of you. You can afford

to buy Liberty bonds, because they are a good investment. You can afford to pay something to the Red Cross for their wonderful work, but it requires every ounce of energy and every thought and resolution you can make to take part in the terrible struggle going on today, and to do your share in this great war, because this tremendous struggle, men and women, is more than a war and a fight. A war and a fight is something visible, where army against army can combat and fight, and the result will be the survival of the fittest; but that is not the case today. It is a conspiracy, an attempt to make a survival of the slickest. It was started by a nation that commenced conspiring when the other nations were framing laws to give the people the right to think and live. It is not a conspiracy of a dynasty or a military party, but one backed by the whole people, who are obsessed with the idea that they are superior and destined to rule the world. To this end no trickery is too disreputable, no atrocity too frightful. The ambassador they sent us was a scoundrel and a spy; every German consul was a plotter. Every man they sent as a salesman, and who told you, "This is made in Germany," reported back what he saw. They started with our institutions, from the kindergarten to our great universities. I heard Prof. Scofield, who was third exchange professor from Harvard, speak, and he told how the educational part of the conspiracy was conducted; how they sent over as a resident and a permanent professor Munsterberg, who never tired of singing the praises of German kultur. The Kaiser never tired of telling Scofield that he and his people were supreme, and it was necessary to bring the world up to their standard of civilization. We

hear so much about the efficiency of our foes. They are efficient, but they have been a hundred years preparing for this, getting ready their cannon and their munitions. In three years our allies are equaling them in the output of guns and shells and aircraft made for the purposes of a fair fight, but we will never bring ourselves to compete with them in their policy of atrocities perpetrated—their liquid fire, their poison gases, their dropping of bombs on defenseless invalids—for it is a policy of their militarism, but we will certainly win by the fair means that our people will adopt in this great struggle.

Today we and our allies are making more heavy shells in one week than were fired by the allies the first year of the war. They are making more heavy cannon in a month in Britain and America than were used on the whole battle-line during the first eighteen months of the war.

As I traveled from Chicago to Albany last night I saw those great factories and the searchlights that sweep the sky to protect them, and could not help but feel that we, with our fair means, will not only be equal to our enemies in this great output, but far surpass them.

I saw a splendid sight as we came through Cleveland, where we stopped for twenty minutes. There were thirteen troop cars carrying husky boys from North Dakota, Ohio, and Minnesota. The same brawn and brain in that troop train will be found in every troop train going to the points of embarkation, and I could not help but recall an incident that happened at the opening of the war while my wife and I were visiting in the Northwest. We were in Winnipeg. You have all heard of that wonderful regiment, Princess Pat's regiment—that

regiment of regiments! We have heard of the Charge of the Light Brigade, but there is no regiment in history that has accomplished what the Princess Pat regiment has. It has been filled and refilled thirteen times. We stood on the curb as they went by, and the sound of pipes was music to my ears, because I am Scotch. The kilts swayed from side to side, not a man looking to the right or left—it may be they could not bear to look to the right or left. A dear old woman standing there called out: "God bless ye, laddie! Ye may nae coom back, but I ken ye'll gie a gude account of yersel."

There was a lump in my throat and in my wife's, and our eyes were dim. And I thought, as I saw those boys in the troop trains, "They may not come back, but I know they will give a good account of themselves."

So, men of New York State, it is to support the boys who are going to fight for you and me, and to make it possible for our children and our children's children to live in peace and freedom, that we must give every ounce of energy. In all discussions of the war we speak of our men and our boys. What about our women? The greatest sacrifices are made by you. We speak of you as the "weaker sex," but you are just the opposite. It is to you we look for faith, strength, and encouragement. We go to you with our troubles and anxieties. They seem small after you advise us, and it is your courage when it comes to the breaking of home ties that gives our boys the determination to do or die. I was deeply impressed by the remarks of one of the big British surgeons relative to woman's part in the war. In Britain over a million and a quarter women are engaged in the munition works, and in

many ways they are far superior to the men in doing the fine technical work necessary for the instruments of war. Few women are seen in Britain today who do not wear the uniform or badge of service. Women of America will not likely be called upon to do the work of their European sisters, but we know there is no limit to your desire to serve, save, and sacrifice.

I think there are few here who feel this terrible war as keenly as I do. Every male relative I have under forty-two years of age is in the service. One nephew invalidated home from Saloniki, another shot clean through the body while in combat with a Hun airman, 14,000 feet in air. He recovered, and is now back on the west front. Three cousins all of one family wiped out and others wounded and prisoners of war. On Monday morning we bid goodbye to our only son, who will leave for the last camp before embarkation. You will pardon my making this personal allusion, but my feelings tonight will perhaps be the feelings of many of you a year from now. I live in a little suburban town of 6000, north of Chicago. About 85 per cent. of our boys enlisted. In all our churches, like all other churches throughout the land, we have the service flags. In the church I attend there are about fifty stars. We are proud of the number of boys who have gone from our town. Two weeks ago I received a paper from my little native town in Ontario. It has a population of 2300. I saw in that paper that the Episcopal church dedicated a service flag containing 156 stars, many of them gold ones. If this war continues long we can expect the same proportions. You know our boys will hold the line. Their slogan is "They shall not pass," and our boys will be

found with the Tommy, Scot, Canadian, Belgian, Anzac, and Poilu, and they call on us to take up the fight.

In Flanders' fields the poppies grow,
Between the crosses, row on row,
That mark our place; while in the sky
The larks, still bravely singing, fly
Unheard among the guns.

We are the dead. Short days ago
We lived, felt dawn, saw sunsets glow,
Loved, and were loved; and now we lie
In Flanders' fields.

Take up our quarrel with the foe—
To you, from failing hands, we throw
The torch; be yours to bear it high.
If ye break faith with us who die
We shall not sleep, though poppies blow
In Flanders' fields.

They sleep, those boys, from the Channel to the Alps. We will not fail them, the torch will be borne high, and under Old Glory, the Union Jack, and the Tricolor, the fight for freedom will be triumphant!

Dr. A. P. BURKHART, Auburn. *Mr. Toastmaster, ladies, guests, and fellow members of the New York State Dental Society,*—I have attended many meetings of the New York State Dental Society and have had at many of them an enjoyable time, especially during the present session. A friend of mine from Albany confided to me a little circumstance connected with his life as a resident of that city, which ran something like this: He had a young son, and he took this boy with him to baseball games, vaudeville, and various other entertainments, little thinking that the boy, in taking in all the shows and storing them in his mind, had noted the effect it had on the father. One day the mother said, "Johnny, I wish you would go with me today to an entertainment at the theater." He reluctantly went, and while the different numbers were being run

off, had but little interest in them. Finally the leader of the band, raising his hand, started the band, and from the wings came the ballet. The boy began to take notice, and as it flitted back and forth across the stage, he observed the spangles and the tinsel, and he said, "Gee! but wouldn't dad enjoy that!"

Well, I have enjoyed every minute of this meeting, and I hope the members and guests have also enjoyed the hospitality, and the general sessions of the society. We have with us tonight not only the male portion of the dental profession, but also many ladies, which reminds me—

There's not a place in heaven or earth,
There's not a task to man e'er given,
There's not a life or death,
There's not a whisper or a breath
That has a feather's weight of worth
Unless there is a woman in it.

Minutes seem short, hours seem short, and even months, but it is true that days and months roll into years, and this applies to the history of the New York State Dental Society. In 1868 there gathered in the City of Albany representatives from eight judicial districts in this state, delegates who had been selected from these various districts, and an organization was effected. There were in that body grand men, advanced in years, the majority of them. There were such men as Atkinson, Dwinelle, Mirick, Cook, Hurd, Northrop, and others, but they have all passed away; and today there are but four living representatives of that grand body of men who organized the Dental Society of the State of New York. It is a regret on my part that I was unable to positively locate one* whom I would like very much to have had present at this gather-

ing. But I assure you, ladies and gentlemen, it is with the deepest respect and veneration that I say we have present tonight three representatives, Dr. William Carr of New York, Dr. E. A. Bogue of New York, and Dr. H. S. Miller of Rochester, all original charter members.

Logan, the great Indian chief, for many years was the recognized leader of his race, and for many years was the friend of the white man, until such wrongs were committed against his people that he swore vengeance against the white race, and that feeling existed until the time of his death. He had been converted to Christianity, but he left it because of the hatred that took possession of his heart, and going westward into an adjoining state, he became addicted to the use of liquor, and in a drunken moment, it is said, he slew every member of his own family. When he was awakened, and told what he had done, he arose, and looking northward and southward, to the east and to the west, he said, "There is none now to mourn for Logan!"

The little band we still have with us we trust may be spared for many years, but I am sure the last survivor will be tempted to quote Logan's words.

It has been delegated to me to present to the charter members and past presidents of this society who are with us tonight, a medal on which is engraved the name of the recipient and the special services each has rendered. I will ask them to open the little boxes that are set before them, and accept the contents, duly presented by the Dental Society of the State of New York, and in commemoration of the fiftieth anniversary of the society. The emblem rests upon the colors red, white, and blue. These colors interwoven, compose and represent our

* [I.e. Dr. G. A. Mills of Brooklyn.]

flag. This emblem is first in the hearts of all true, loyal Americans. No flag can compare with it in beauty:

There is no such red in budding rose,
In falling leaf, or sparkling wine;
No such white in April blossom,
In crescent moon or mountain snow;
No such blue in woman's eye,
In ocean's depths, or heaven's dome;
No such pageantry of clustering stars
In all the spectrum of the sea and sky.

It is the flag under which we as a people live, and it is the duty of every man, it matters not where his forefathers came from, if he lives under this flag, to be a citizen to the fullest possible extent.

One day a Jew and an Irishman met, and they began to discuss the greatness of their respective nations. They finally entered into an agreement that they would name a number of great men in their respective nations. The Jew said, "When I name a man in my nation, I am going to take the privilege of grabbing your beard and giving it a pull." The Irishman said, "I will agree to that, and do the same."

The Jew began, saying "Abraham," and made a grab at the Irishman's whiskers. The Irishman grabbed the Jew, and said "O'Donnell." The Jew made another grab, and said "Isaac." The Irishman said "Patrick Henry," and gave a most terrific pull. The Jew thought in his excitement that he would clinch the argument, and he made a grab with both hands and said, "The twelve apostles." The Irishman stopped a moment, and when he grabbed and pulled, he said, "The ancient order of Hibernians." The Jew thought that was enough, and said, "Pat, let us all be friends. Let us be square to each other. Let us all be brothers."

Ladies and gentlemen, let us be fair toward each other. Let there not be in our minds undue injustice to that portion of our population that I believe is as true to the American colors as any who ever came to the shores of America. I plead tonight as an American citizen that we shall be fair to each other, that we shall accord to all men fair feeling and justice, and not unduly question the loyalty of any man until we are fully satisfied that he is disloyal, and if he is, he should be punished, and I care not who he is.

No nation can be united and be a great factor in the world's progress unless that nation is united. I am pleading for my country, and when we stand together and are united from the Atlantic to the Pacific, and from the North to the South, there is not a question in my mind as to the final outcome and result of the great war which is going on today. Labor and capital have been arrayed against each other, color against color, nationality against nationality; but I believe after this war is over we will have a more united and better welded nation than ever before in the history of our grand country. I trust it may be so!

There is a little incident spoken of in the name of Patrick Henry, which has been frequently quoted. In a certain school one day the teacher said, "Who can tell me about Patrick Henry?" Hands did not rise very readily. Finally one little girl stood up and said, "Patrick Henry was a great man in the times of war years ago. They say he was a great speaker. One day Patrick Henry got married, and she had freckles and red hair, and after he had been married a little while, he said one day, 'Give me liberty, or give me death!'"

We want liberty, and we want it for every civilized nation upon the earth. We want to know that the generations that are to come will be safe.

I am sorry that among the past presidents we have not with us tonight the following: Dr. Hillyer, Dr. Line, Dr. Nash, Dr. Van Woert, Dr. Turner, and Dr. Walker.

There are not many state societies that on their fiftieth anniversary are able to show so many men who have occupied the very important position of president of a state society. We feel proud that we have with us tonight at least twelve of the nineteen living past presidents. I am sure those present who have received the emblem which I have shown you will realize that it is given to them by the society not only for their services as charter members or serving as president of the society, but for their general interest and uplift of the profession. I am sure every person present will not only wish our charter members but also the past presidents of the State Society health and prosperity.

I have taken more time than I should, and will close by telling you this little story:

One day a little boy said to his father, "I am lonesome; I wish I had a little brother." The father said, "Charlie, if you will pray every day, perhaps about Christmas time you may have a little brother." So Charlie prayed every day, and about Christmas time, as he came into the house the nurse came out and said, "You have a little brother." Charlie said, "I am delighted, and I am going to offer a prayer of thanks." He offered a prayer of thanks. After a little while the nurse came out again, and said, "Charlie, you have another brother." He said, "I am delighted, and I am

going to pray again." Pretty soon the nurse came out, and said, "Charlie, you have another brother." About this time the father came in, and the little fellow said, "Daddy, I prayed for a little brother, but I have three now, and I know you don't want any more, so I quit praying."

Ladies and gentlemen, I shall quit talking, and bid you good-night.

Dr. RICH. We will next hear from Dr. William Carr, one of the charter members of the society.

Dr. WILLIAM CARR. I was one of the charter members of this society, and I remember distinctly the day of its organization. I have known personally and have voted to the present time for every president of this society. If time would permit, it would be interesting to speak of some of their characteristics. Among those presidents whom I recall at the moment were A. Westcott, L. W. Rogers, B. T. Whitney, W. B. Hurd, C. A. Marvin, J. G. Ambler, W. C. Barrett, L. F. Harvey, A. M. Holmes, E. E. Francis, O. E. Hill, A. L. Northrop, L. S. Straw, F. B. Darby, W. W. Walker, F. T. Van Woert, H. J. Burkhart, W. Jarvie, L. Meisburger, W. J. Turner, and W. W. Smith. And there were others of equal ability, whose names have slipped my memory for the time being. We have been fortunate in selecting for the presidency men of the highest standard, all equally interested in the welfare of our profession, and each presenting in his annual address helpful suggestions which contributed greatly to our present standard. We are especially proud of the present incumbent, Dr. Rich, who has so efficiently arranged and conducted this, our fiftieth anniversary.

Dr. RICH. We will now hear from the oldest living past president, Dr. Frank B. Darby of Elmira.

Dr. FRANK B. DARBY, Elmira. *Mr. Toastmaster, ladies and gentlemen,*—I suppose the object in calling on me is to divert your mind for a moment from war. My name standing first on the list of ex-presidents has very suddenly made me a curiosity—all because I have unintentionally outlived the thirteen who served before me. I knew all of them, from Dr. Westcott down, and can recall their faces tonight, their manners, and some of their peculiarities. They were all good men, well worth knowing.

The toastmaster introduced me as the oldest past president. That I suppose is from the fact that Dr. Jarvie is such a young-looking man, and so frisky, that he has been overlooked. Really, Dr. Jarvie is the oldest past president, although his name does not stand first on the list, but to him belongs the honor, although I do not know that it is any particular honor to be the oldest man on the list. I guess I will have to acknowledge that I am an old duffer and a back number; but there are really men in this society who were pretty well grown when I was taking paregoric!

Someone has said that old age has its compensations. If rheumatic joints, arterio-sclerosis, enlarged glands, cataracts, and a long list of plagues that hover about threescore and ten can be considered a compensation, I will accept the statement; otherwise I allow that the more one has in years, the less attractive he is. All this talk about "rich in years" and "full of years" sounds very nice, but I would rather be full of almost anything else. Dr. Jesse Green, in West Chester, Pa., may feel differently, with his hundred years to his

credit, and I presume sometimes he gets chesty and derives a good deal of comfort from the fact that he has heard it thunder more than any other man in town, and has a great many secrets that his patients were in hopes would be buried years ago.

Fifty-four years ago I was studying dentistry with Dr. Ransom Walker in Owego. We called it "studying" dentistry then, as we do now, but I do not recall studying anything. The doctor's professional library consisted of three books—a copy of "Mechanical Dentistry," Baxter's "Saints' Rest," and a well-worn volume on venereal diseases. Neither can I recall any special dental work, other than treading the foot-lathe and polishing rubber dentures; Dr. Walker had invented an amalgam, and he was putting it on the market. Pouring the molten metal into the 16-inch section of a gun barrel, and then placing a drill into a blacksmith's tool, the amalgam was ground out in flakes, and I was installed as the motive power. I turned the crank. But that did not keep me sufficiently busy to conform to Dr. Walker's idea of duty toward a dental student, so he concocted a mouthwash for general use, and during my spare moments he allowed me the privilege of mixing that. I have forgotten the name he gave it, but there was on the label a Latin hocus-pocus, which being interpreted meant "purely vegetable," and that was all right, because the stuff was composed of nothing but sage tea sweetened with honey. It was an awfully good seller.

Dr. Walker evolved into a dentist in nine weeks. He was one of the six students who matriculated in Dr. Westcott's short-lived college in Syracuse. As far as I know Dr. Walker was the only

man who acquired sufficient nerve during that time to enable him to open an office and establish himself as a country dentist; and he became in time a very excellent one.

I have not been very attentive to the State Society during the past few years, but I am proud of my record in the Sixth district society. I attended the organization meeting, and for forty-five consecutive years attended the meetings without a skip. At the present, I am the only active charter member in the society. When this society was organized dental meetings were novelties. There were only two of our members who had attended a convention, and they had only attended one. At first the situation was so intensely peculiar that we really did not know how to act. The jealousy and the selfishness that prevailed at that time were very pronounced, and to throw that aside was quite an undertaking. But we did; we put it down and extended the right hand of fellowship, and got so we treated one another quite decently after a while. We were delicate at first about expressing counter-opinions to essayists. There was not much discussion, and we swallowed everything they presented with amiable credulity. When a member advocated salt pork as a poultice for a swollen face, we swallowed it—swallowed the pork.

In my first paper on diseases of the mouth I covered the whole ground from common boils to scurvy at one sitting. Now, whenever I feel inflated, a glance at that paper always relieves the pressure.

Things have changed somewhat since I began practicing. Then there were more high jinks in dentistry than hygiene. There were no germs. The daily routine of practice was serene and undisturbed by fear of bacteria, infection,

malpractice, or the wrath to come. If intense pain and a swollen face followed the filling of root-canals, it was looked upon as a visitation of Providence, and we let the patient do the suffering. The dentist then did not smoke ten-cent cigars and have his washing done at a steam laundry. The emoluments of pulling teeth for a quarter and making fillings for a dollar were not conducive to any large amount of luxuries. When I dropped into practice there were no high-school requirements; if there had been, I should have dropped out. There were only two courses of four months required for graduation. I received my diploma not long after cohesive gold went over the top, and Dr. Dwinelle, the father of contour work, was in his glory. Dr. Atkinson was using the sledge-hammer for condensing his cohesive gold. Dr. Varney was showing his work at the convention, and making all us young people envious. We used to cap pulps, and then cap the climax by drilling a vent. That was the day of the slaughter of the innocents. That was when Professor Truman first commenced advocating the admission of women to dental colleges against the opposition of the whole profession. Dr. Arthur of Baltimore was advocating his system of mutilating teeth to prevent decay. Dr. Kingsley was posing then as the only real authority on obturators, and Josiah Baker and the Goodyear Rubber Co. were persecuting dentistry.

Fifty years ago brains did not count; skill was the essential element. A man was measured by his proficiency in making gold fillings. Requirements were different, too. We were expected to make gold fillings—regardless of any septic conditions—that would last fifty years, and be exhibited to the grandchildren.

We had no germicides, but we had wood creasote, and zinc chlorid, thank God! But what it did when we applied it, Heaven only knows. We had no dental engines, or switchboards, or any of the wonderful appliances that have come to the aid of modern dentistry—yet some of us have lived to tell the tale!

I will tell you a story about pulling a tooth for Mark Twain. I want it handed down to the next generation, as it is a true story. One very beautiful morning Mark Twain blew into my office, dressed in immaculate white, and I greeted him with surprise, because I thought he was in England. He said he wanted a tooth pulled. I said, "Could you not get it pulled in England?" "Yes, but the family would not think it was orthodox. If you don't feel able for a capital operation perhaps I had better come back later in the day, when you have gotten up your nerve."

"Oh, no," I said, "sit right in the chair." He straightened out his feet, dropped his arms down over the sides of the chair, spread his fingers, opened his mouth, and closed his eyes. I examined his mouth with a mouth-mirror and did not see any tooth that was a candidate for extraction, and I said, "Mr. Clemens, what tooth do you want extracted?" "Oh," he said, "that is immaterial to me. Just help yourself." He had a lower wisdom tooth that had given a good deal of trouble in keeping filled, a large buccal cavity that extended away down, and the tooth was not much good, and I thought I would help him in his little joke. I went down between the wisdom tooth and the molar, trying to lift it. I did not hear anything from him. Finally I got the tooth started. I laid the forceps down, and looked at him. There he sat, as calm and serene

as a summer morning, with his hands perfectly limp, and there was no indication that a wave had passed over his soul. I took the other forceps, and finally removed the tooth. Through it all, there was the same limp, serene, quiet person—no tension or nervous disturbance. I said, "Mr. Clemens, why don't you spit out the blood?" He said, "When are you going to take that tooth out?" I replied, "It is out." "Let me see it." He rinsed his mouth, got up, paid me a dollar, and went out without bidding me good-morning.

As he was crossing the street he saw Mr. Adams, and he said, "Come here, Adams; did you ever have a tooth pulled?" Adams said "Yes." "Who pulled it?" "Darby." "Did it hurt?" "Of course it did." "How much did it hurt?" "It hurt like the devil." He said, "Then, Adams, I swear I believe I have been swindled."

Award of Fellowship Medal.

Dr. RICH. We come now to the part of the program which is one of the most pleasing duties the president has to perform. I refer to the awarding of the William Jarvie Fellowship Medal. It is my pleasure this year to be able to present it to Dr. George H. Wilson of Cleveland, Ohio, who will thus be made a Fellow of the Dental Society of the State of New York.

Dr. Wilson,—Through the generosity of Dr. William Jarvie, actuated by his interest in this society, a Fellowship Fund was created, and each year some dentist of the United States or Canada who is considered worthy of the honor is made a Fellow of the Dental Society of the State of New York, because of his distinguished service to the profession of which he is a member. You have been

selected this year to become such a Fellow. Your record speaks for itself: it is known by the profession. It is therefore unnecessary for me to refer to it—it was sufficient for the committee to select you as its choice. It becomes my duty, in my official capacity, to pronounce you a Fellow of the Dental Society of the State of New York, in token of which I hereby confer upon you this decoration, which designates you as such. It is my privilege, in my personal capacity and on behalf of the society, to congratulate you upon your preferment.

Dr. GEORGE H. WILSON, Cleveland, Ohio. *Mr. Toastmaster, ladies and gentlemen*,—I hardly know what to say at this time, because it is an honor I never expected would come to me; and when your president wrote me and informed me that I had been so selected, it was a question in my mind whether he could possibly be right, or whether there was not some error. The story of the Scotchman suggests somewhat my feeling at that time. Sandy and his friend the dominie had been spending the evening together, and indulging in their favorite drink. On the way home, the dominie said to Sandy, “I dinna ken whether I should gae hame now, or not. I dinna ken what the gude wife may say to me, so if ye’ll stand still, I’ll walk forward, and ye’ll see if I walk straight.” He did so. Finally Sandy said to the dominie, “Dominie, ye are all recht—but whae is that walkin’ beside ye?” I felt very much the same way; I did not know whether I was seeing double or not.

Friends, I feel this recognition is the greatest honor that can be conferred upon any member of the profession, because it is a recognition of what he has done. It is not asking him to do something in the future. It is a distinction.

It is a joy, and it is a sorrow—because it is placing one on a pedestal, as it were, and he cannot help but feel a responsibility to his profession. He feels he must be a model, that he is one to whom the younger men will look up, and they will size up the profession by their models; so it is a great responsibility placed upon one. I have prided myself that I was independent in action and speech, that I was neither a model nor a devotee to some other mentality; but now, as a model, I am under greater obligation to consider the effect, upon the rising generation, of my actions and speech. I have had a good deal of faith in the Greek philosophy of Hedonism, that what we do, we do because of the pleasure it gives us. I believe that such a motive is worthy, provided we have a proper control. If we are blessed with a mother who had great faith in the word of the Teacher of Galilee, and most of us have been, that it is more blessed to give than to receive, then Hedonism is a worthy mainspring of action, because it gives us pleasure to do for others. But Hedonism is not a good thing if the young man is influenced by the father as John was, when the father said to him: “You are going out into the world now upon your own resources. You must make or break for yourself. My advice to you is to get money. Get it honestly if you can; if you cannot get it honestly—get money!” A man with such a motive actuating him is not a safe one to follow. When we are placed upon a pedestal, as we are here being placed, as a model, we have a great responsibility, for we are there for the young men to follow. There is therefore a sense of sadness along with the joy.

There are two reasons why I am especially glad that this honor came to me

at this time—one for my own sake, and the other for the department of dentistry which I represent, if I represent anything at all. I have felt that the prosthetic department of dentistry was not looked upon by the mass of the profession as it should be. That was one of the reasons I never aspired to this honor, because I thought it was impossible for the profession at this time to properly estimate prosthesis; therefore I am especially pleased that it comes to me as a representative of prosthetics. At the present time, I cannot help but feel that the prosthetic department is assuming a new dignity. We have had it intimated tonight how that was brought about—by the famous article of Hunter, when he spoke of “American septic dentistry.” It hurt us, it jarred us, but it did us good. For that reason we cannot but think, if we think logically, that the prosthetic department must be one of the greatest departments of the future for this generation; at least I hope our operative department will so teach that there will not be that need for prosthetic dentistry in the future. Preventive dentistry is the subject that should be taught and practiced as far as possible by the operators, but it is not possible for them to remedy the harm we have done in the past, therefore we must have our prosthetists. I am constrained to say the probabilities are that at our next National meeting an organization will be formed of the prosthetists of our profession, and we hope it will mark a new era in the progress of dentistry.

I said I felt this was the greatest honor that can come to any man in the dental profession. I will say it is the greatest honor a dentist can have in his life, save one, and that is the honor of worthy children. I believe every mother

and father present will agree with me that the greatest honor in this life is our children, and especially if a kind Providence grants to us such children that they are an improvement upon the parent, that they are better physically and mentally. Then again, if our sons seek to follow our own profession we can feel that our life is not in vain, and our name, if we have made one, does not cease with our death, but goes on for another generation at least.

I feel this medal, and what it represents, is the greatest honor a profession can give to its members. I am glad Dr. Jarvie found it in his heart to create this foundation, because it is said that the dental profession is very ungrateful. They will take everything and give nothing. This medal gives the lie to that statement. It shows to us that the profession does acknowledge and is thoughtful of those who are working along in a quiet, unpretentious way, and it is giving us the bouquet before our death.

I thank you, one and all, for the honor you have bestowed upon me.

Presentation to Dr. Wm. Carr.

Dr. RICH. It is my privilege to make a special presentation to one who has unselfishly given his time and his money for the benefit of dentistry in the State of New York. Ladies and gentlemen, I refer to Dr. William Carr of New York. By resolution of the Council, engrossed resolutions commemorative of his services have been prepared, and it is my privilege to present them to him this evening. Dr. Carr, it gives me exceeding pleasure to be the person to present these resolutions of appreciation to you.

Dr. WILLIAM CARR, New York. *Mr. President, ladies and gentlemen, members of the New York State Dental*

Society.—This is one of the proudest moments of my life, for which I thank you sincerely, as I believe that these resolutions express your appreciation of my activities as chairman of the Law Committee for the enforcement of the dental law. Thirty-three of the best years of my life have been given unselfishly to the enforcement of this law, in the endeavor to raise our professional standard. I have been severely criticized by friends of illegal practitioners whom I have prosecuted, and criticized by legally qualified practitioners who employed in their offices men practicing illegally. Under existing laws it is much easier than heretofore to prosecute offenders successfully. The state will never be entirely rid of them, as they are like the Lord's poor—always with us. I earnestly beseech you to give hearty support to those having charge of the enforcement of the dental law, giving them whatever aid is within your power.

Again I thank you sincerely for this expression of your appreciation.

Dr. RICH. I rise with a smile, this time, because I am informed we are to hear from the ladies. I will now ask Mrs. H. W. Gillett to say a few words to us on behalf of the ladies.

Mrs. H. W. GILLETT. Mr. Toastmaster, I have been charged by the ladies to express to you our deep and sincere appreciation of all the efforts that have been made for our pleasure, especially for the delightful ride and luncheon given us today. We have been so well received—my heart just now is bubbling over with the interest of this meeting, and the privilege of hearing these speeches. I feel we all are being united so closely every day that we are going to be one hundred per cent. American all

the time, we who are married to those brave Americans. I feel I cannot say enough. I am like your springs that are bubbling over, I cannot express all I would like to say. I thank you on behalf of all the ladies for your very generous care of us during the time we have been here.

Dr. RICH. We will now hear from a representative of the state authorities, Dr. Augustus S. Downing of New York.

Dr. AUGUSTUS S. DOWNING, New York. *Mr. Toastmaster, guests, ladies and gentlemen*.—It is a very difficult matter on these occasions, wherever we may be, to get out of tune for even a moment with the great task that is set for the United States, and that that task may be completed in the most masterful, workmanlike way, I ask you to pledge your support to the President of the United States, and those in authority who have the carrying of the task to its ultimate completion.

On this fiftieth anniversary of the organization of the New York State Dental Society, I want to pay tribute to Dr. Rich for the magnificent way in which he has carried out the program for this meeting, and especially to pay tribute to the beautiful singer of the evening, and the beautiful music—not only beautiful in its expression, but deep in its sentiment for the boys "over there" and what they will do—and to the added adornment of this banquet hall by the presence of the ladies.

It is rather unfortunate, sometimes, for a man to be a representative of the law, for the reason that he gets the reputation of wielding a big club, and of not being possessed of the ordinary pleasurable attributes of the human being. It is my good fortune, after all, to be a defender of the people and with-

out any cant in the statement. Being one of the common people myself, I am most interested in the people—a school teacher by profession, a school teacher by choice, and a school teacher I hope successful because of my inherent overpowering belief in children, in youth, in men, and in women.

The medical profession was my first care, when by accident or chance, or from whatever circumstance my present position fell to my lot; and from 1908 to the present time I have made the fight for sound medical education, a slow but sure advancement of the profession, not for the profession itself, but for the public. Next to the medical profession the dental profession has been my great care, running along with it perhaps side by side. I have just returned from Chicago, where I went at the invitation of the Surgeon-general's office to defend the proposition laid down by the State of New York to our medical schools that there should be no speeding up of the medical courses on account of the war, save the fourth-year men, for the reason that with the exemption from the draft of medical students, we were liable to get into the medical schools a fairly large number of slackers—men who were afraid to fight, or who were opposed to fighting because of their sympathy with the enemy. These men would seek exemption from the draft to be admitted to the medical schools, and our medical schools were likely to have a fair percentage of men unfitted to be trained in medicine. Secondly, the War department had need of, and had exercised the right to take from the medical faculties the very best men in every department. When you are given a poor quality of student to begin with, and take away the highly trained and successful

instructors who do the teaching, the product after four years must at best be an inferior product to that which the school had heretofore turned out. And while the army must be taken care of, and is being taken care of so well that we have the best cared-for army, the medical profession and the Surgeon-general's office must not forget there are 100,000,000 men, women, and children remaining at home, and they must be kept in health. We must have just as skilled physicians at home as are needed in the army, to the end that if this war is to last, the recruits taken year by year, a million at a time, shall come from families and communities in perfect health as nearly as they can be kept so. The proposition to speed up medical education in order that there might be turned out in a short time a lot of half-baked, unskilled, untrained, incompetent men and women from the medical schools to take care not only of the boys in the army, but of the civic population, New York could not stand for, unless this war should go on and there should be an absolute necessity and a positive order coming from Washington that the schools must be speeded up. New York will do her part, and do anything that we can to win the war.

We made the fight, and we won. Out of sixty schools represented, fifty-three voted against speeding up anything but the fourth year. Seven voted for it. Five had already started to speed up, thinking they had to do it, and four immediately telegraphed that after conference with the department of War, the speeding-up program was called off.

When in Chicago I learned something of dentistry, and what is to be expected of the War department in the not very distant future. And if my friend Dr.

Gallie had not paid Col. Logan the tribute he did, I certainly would have done so. While I could not remain until Wednesday night to attend that great patriotic meeting, I can tell you that Dr. Logan or Col. Logan or President Logan—all three in one—has the unbounded confidence of the Surgeon-general's office. Whatever Col. Logan shall, in the last analysis, recommend, after conference and hearing of all sides, Col. Logan's judgment will be the determining factor in what shall be done.

I was proud for you, as you may well be proud of yourselves as a professional body, that Col. Logan is a colonel, and that he has earned this rank absolutely without pull, and because of having demonstrated to the Surgeon-general and his associates that he is worthy of the rank, and is entitled to it, and needs the rank in order to do the work for your profession that he will do.

It is unfortunate for your profession that there is in it so much jealousy, and I know all about it. I have to know; that is my business. I know the condition of your profession in every center of population in this state that is really big enough to be called a center, and realize how foolishly the factions in those communities are jealous of each other, and differ with each other to the extent of hurting the influence which the organization should have in the community in which it lives. It is unfortunate, and it does more to keep down the progress of dentistry in the State of New York or any other state where this jealousy exists, than any other devil you could mention. It is the way the devil works in individual souls and in organizations, and when I hear that there is anywhere in the dental profession any jealousy that shows itself in any effort

or conspiracy to lessen the work which Col. Logan is trying to do honestly and can do for this profession, I am grieved beyond measure; because I am a firm believer in the great need for the work which the skilled, educated, trained dentist has to perform for the conservation of the public health of the community, of the commonwealth and of the country. That there should be any insinuation on the part of anybody that New York was not entirely loyal to Col. Logan brought to me resentment that anybody of any importance, or any body of men of any importance, should be doing anything that would in any way hamper Col. Logan's work.

In regard to Dr. Carr, I want to pay my respects to him. I worked for seven years out of ten with Dr. Carr, and I know of his efforts to clean the profession of the illegal practitioners and the disreputable practitioners, men who were not sound in moral character. He did everything he could for you. He worked faithfully and honestly, and spent his own money and took all kinds of anathemas and threats, even of his life, for the sake of his profession.

Dr. Carr made a great sacrifice, and I want to acknowledge it in public to Dr. Carr. In 1914, I think, this society met in Albany. There was presented to this society at that time a proposition on the part of Dr. Ottolengui that there should be annual registration of dentists, and he was tolerated to the extent of permitting him to read the paper and nobody hissing him. He had read the paper to me before he read it to the society. I knew all the difficulties of Dr. Carr's position, but we could not do anything. I had given him information and before he could utilize it, the tracks of the men would be covered up.

I knew what the trouble was. Dr. Ottolengui read that paper to me, and I remember how nearly the First District Dental Society came to being wiped out of existence because of the two factions. I remember attending a banquet of your society about that time. People were led to believe annual registration would be a good thing. We passed the bill twice, I think, and had no trouble with it. It was allowed to die once, but through the efforts of Dr. Rich we got the present dental law, and I want to congratulate this State Society, without fear of contradiction by anyone, upon having the best dental law there is in the United States. It is a law that may be drastic, but all laws must be drastic. It is a drastic law that will not let me kill any deer in the Adirondacks. It is a drastic law that will not let me knock down right on the spot every German I meet on the street. The time has gone past when toleration is a virtue! (Applause.)

This drastic dental law of ours is just the kind of law we need, because it does the thing we set out to do, by annual registration and by the other provisions of the law, to make the dental profession the cleanest profession in the State of New York, and we are doing it.

On September 1, 1916, this law went into effect, and the dentists began to register. We registered in this state about 5600 dentists. I want to say there are only about 1800 members in this society. The difference between 1800 and 5600 is too big. There are 3800 who are not members. There is something wrong with the morale of the profession, or something wrong with the State Society, and it should be remedied.

We have done some things in these two years. We have gone very slowly;

we have been very gentle, and we have been perfectly tolerant of these people. We have been slowly getting our feet under us. Judge Cochrane has decided that the law is constitutional. Some men in the profession said it was not; that a man could practice dentistry when he became licensed. We put out of business according to the law men practicing under dental-parlor names. They said it was unconstitutional, if a man had practiced under such a name prior to the enactment of the law, you could not make it retroactive. We have a decision that because a man practiced under such a name some time ago he cannot practice now, when the law says it is not right. A good friend of ours from Buffalo has so far paid us \$500 for doing that thing; he has gotten a little education on that account. Another provision says he must employ licensed men, and they must have their names on the chair so I should know who did the work if I had work done there; he paid \$500 for that education. We have \$300 or \$400 more coming from him in a few days. He took the last question up to the Court of Appeals. The appellate justices were unanimously in our favor.

We have this advantage over Dr. Carr. Dr. Carr had to employ a prosecutor, and had to pay the money out of his own pocket most of the time. He was handicapped, but we are not. It is a fundamental truth that a violation of a health law is a violation against the people of the state, and it should be prosecuted by the state's prosecutor, and not by any other prosecutor. We have established it for dentists, and for the veterinary practitioners, and for the optometrist, and we will establish it for the medical men. The medical men are beginning to wake up to this. I spoke

of it the other day in Albany, and the Governor led the applause. It is going to come. Their profession needs cleaning quite as much as this. In addition to collecting \$2500 fines, we have gotten several jail sentences. We are sure of the taking down of several hundred signs in this state.

This law has driven from two or three hundred men out of the state. They have gone over the borders where they can practice. Our city of Rochester was a kind of a hotbed of illegal practitioners, and so was Syracuse. They tried to clean it up, but could not. Some of the most notorious men in Rochester have gone to Ohio. They just simply folded up their beds and walked. They preferred that to looking through the bars, and knew they had not enough money to pay the fines. Before, we sued a man or prosecuted him for criminal violation of the law as a misdemeanor.

We learned a lot from Dr. Carr. We learned that every act is a separate act punishable with \$100 fine, and every day of illegal practice is punishable with \$100 fine. John Doe says, "I will practice illegally." We send Percy Dow there to sit down and watch him for ten days, and we have \$1000 against him, and we sue him in the Supreme Court. That is a civil suit. The jury says, "No cause of action." We say, "All right." The judge in the Supreme Court can direct the jury what verdict to bring in. Maybe the judge sympathizes with the defendant—there are such judges. We appeal it. When we get it into the Appellate division, the \$1000 fine must be paid, and he comes up and wants to settle it. By the time you take \$1000 several times out of a man's pocket, he will conclude he had better not practice illegally.

It is a great delight to me to have the administration of this law, with the help of the secretary of the State Board, Dr. Terry, and you gentlemen. We said when we got that law on the books that inside of five years we would have the cleanest state in the Union, so far as illegal practitioners were concerned. If the next couple of years are like the last two, we will not need the five years to do it.

We promised you that when we got this annual registration on the books—and Dr. Rich did more than anyone else for it in Albany—and put the prosecution in the hands of the state's attorney, we would get the evidence and make your profession clean, not only for yourself, but above everything else, for the protection of the public against malpractice in dentistry, and swindlers and robbers of the poor people. It is with dentists as with institutions. We must register institutions if they are to come up to the course. If an institution does not meet the educational requirements of the law, that institution is marked off. You may think we do not, but when I tell you we marked off the Illinois University School of Medicine, and the Virginia school, and the Detroit school, you may know it is not a question of section, or school, or influence—it is a question of right. Illinois came back and met the requirements; so did the State of Virginia, and they were placed back on the list. Detroit has not come back yet.

Every one of our boys has to have physics, chemistry, and biology in the high schools. The middle West say they cannot meet the requirements. There was nothing left for us to do, but we still kept the three year on the list, because it would have been manifestly unfair to the students who went in; but

for the four-year course we could not do anything else except accredit them with three years. They put physics, chemistry, and biology in their course, but we say it belongs in the high school before they go in. We say, "If you are going to put it in the school, we will give you credit for three years, and when your students come to New York, they will have to go to another school for the extra time."

The schools of Chicago are accredited only for three years. Illinois, Northwestern, and Milwaukee are accredited for three years only.

Let me repeat one thing Dr. Gallie said. We always come back to it, wherever we go. It is the one thing you must do as a profession above everything else, whatever demand may be made upon you. Sacrifice your business, give up your home life, go to the front if you are called on to serve in repairing the wounded; but whatever the Government asks of the dental profession, and it is going to ask a lot—let there be but one answer. I am told they are going to go through the dental schools of this country to find out what schools are teaching dentistry right, and what schools have equipment that is right, and what schools are taking in men who are right; and the Government will have something to say about the education of dental students during the period of the war. I hope they will. As in the days of old, when a sacrifice was called for, the answer came back, "Lord, here am I." God knows the women are making the sacrifices when they let one, two, three, four, five boys go; and a man does not know what that means to a mother or a sister. When the call comes for this dental profession, individually or collectively, to

make the sacrifice, to a man, every man, stand, and with a clear, glad voice say, "Mr. President, here am I."

Dr. RICH. The next speaker will be Dr. H. J. Burkhart.

Dr. H. J. BURKHART, Rochester. I have made it a practice not to make a speech after midnight, and I am going to keep faith with myself, but I want to indorse in the most hearty manner possible the remarks which Dr. Don Gallie and Commissioner Downing have made with relation to the condition of affairs in the Surgeon-general's office, and the support and the indorsement which should be given to Col. Logan. I have had knowledge as a member of one or two of the committees connected with war activities with the work in Washington, and have first-hand knowledge from the only boy I had to give to the service, who has been at the American Ambulance Hospital in Paris since last August, of the splendid work which is being done by the representatives of the dental profession in France. I want to tell you it makes me swell up with pride every time I get a letter from him, and hear of the many good things which our dental boys are doing over there, and of the regard and respect in which American dentistry is held by the Allies.

I also want to tell you of a very famous patient which this boy of mine had in the American Ambulance. It was none less than the ace of French aces, who landed in the American hospital with a broken jaw, which he got in a peculiar way. His chauffeur was driving him from one place to another, and dropped dead at the wheel. The car turned turtle three times, and the ace landed in a hospital with a broken jaw.

It seems strange that this man who is an ace in flying should receive the only injury he has received on the ground.

Another story about this French ace is that in appreciation a Britisher asked him what decoration he wanted for his services. He said, "The only decoration I want is a Rolls-Royce." Immediately they provided him with the finest Rolls-Royce that could be obtained, and he is driving around in one of the finest cars ever built. It only shows the appreciation of the British government for the assistance which has been rendered by this great Frenchman.

I feel very glad of the opportunity to say just a word to you, and to express the great appreciation I personally feel for the support and indorsement which I have received from the members of this State Society for many years. It is a very great gratification to me to know that after having been out of the presidency for twenty years, I should be remembered with this beautiful badge which has been given to me this evening.

I also desire to express my appreciation of the assistance which has been given me by members of the State Society in the new work I have undertaken in Rochester. I want to tell you that without your assistance and without your cordial support I know very well I could not possibly succeed. I am going to tell you a little bit of what we have accomplished there. I do it for the purpose of endeavoring to gain your support for the oral hygiene movement in this state.

We expect by the work we are doing in the public schools and for the children of Rochester to present a very definite argument in support of the propaganda for oral hygiene not only in this state but other states of the country. We have

organized there a staff which has been doing prophylactic work in the public schools. During the last year we have cleaned the teeth of 35,000 school children of Rochester twice. We have since the middle of October treated about 4500 children in the infirmary. We have had up to this time over 35,000 visits. We are keeping very accurate records of the various kinds of work that we do—not only in the public schools, but in the infirmary, and we shall be very glad when inquiries come to us to give you whatever information may be available, or whatever data you may want to present to the school board or those to whom you go for funds to support the various arguments you desire to make. The work has met with the cordial approval of the school authorities in Rochester. We do the work not only in the public schools, but in the parochial schools and orphan asylums. We had at first 5000 refusals. On the second round we have had less than 3000 refusals. The citizens of Rochester appreciate that service. There has not been one single instance where we have not met with a very cordial reception in going back to the schools a second time for the doing of this work. I am not speaking of this to magnify the work of the Rochester Dispensary, because anyone could do the same in his own community.

I also want to say that a great part of this work has been done by young women graduates of the School for Dental Hygienists. The reception which they have received has been very satisfactory and very cordial. It shows the public appreciates the assistance in the doing of the prophylactic work by young women. I ask all of you who have found the doing of this work in your office a drudgery that you will investigate the

value of the employment of dental hygienists. If you have been opposed to their employment, you will change your minds, as I have.

Before I take my seat, I think I should be remiss if I did not ask this audience to indorse the sentiments which have been expressed by Dr. Gallie and Dr. Downing with reference to Col. Logan.

I move the adoption of a resolution of approval of the conduct of his office and its activities under his administration. (The motion was carried.)

During the evening Secretary BURKHART presented the jubilee gold medals prepared for surviving past presidents, and the special medals for the surviving charter members (as referred to at page 35), to such as were in attendance.

Dr. WHEELER. I move that it would be pleasing to us to have these men wear

these decorations on public occasions. Many men feel that we would not wish them to do so. Let us go on record as approving their wearing of the decorations which we present to them.

The motion was carried.

Dr. BURKHART. I want to move a resolution of thanks to Dr. Gallie for coming here, and for the greetings he has brought to us from the Illinois State Society.

The motion was carried unanimously.

Dr. RICH. Permit me from the bottom of my heart to thank you all for your cordial support and your continued presence here this evening until this late hour. My guests and speakers, past presidents, and charter members, permit me to extend my thanks.

Adjourned.

MINUTES OF EXECUTIVE COUNCIL

THE annual meeting of the Executive Council of the New York State Dental Society was held at Saratoga Springs, N. Y., June 12, 1918.

The meeting was called to order by the president, Dr. G. B. Beach.

Those present were Drs. G. B. Beach, R. Ottolengui, L. A. Timerman, B. G. Hert, Abram Hoffman, A. L. Swift, C. M. Dunne, F. F. Hawkins, and A. W. Twigg; also Drs. Rich, A. P. Burkhart, and G. H. Butler.

MINUTES OF THE SPECIAL MEETING.

The minutes of the special meeting of the Executive Council held at New York, October 24, 1917, were read by the secretary and approved. The minutes are as follows:

NEW YORK, N. Y., October 24, 1917.

A meeting of the Executive Council of the Dental Society of the State of New York convened at the Astor Hotel at 9.30 on the above date.

The chairman, Dr. Beach, called the meeting to order at 9.30. Those present were Drs. Beach, Dunne, Canaday, Hert, Frazier, Swift, and Twigg. President Rich and Secretary Burkhart were also present.

Dr. Hert made a statement relative to the decease of the dental examiner, Dr. W. A. White, living within the Seventh district. He presented a resolution adopted by the Seventh district, as follows:

Whereas, In view of the vacancy caused by the death of Dr. W. A. White, as dental examiner from the Seventh District Dental Society, be it

RESOLVED, That the Executive Council does indorse such recommendations to fill the vacancy as the Seventh district desires to present to the Board of Regents; and be it further

RESOLVED, That should any vacancy occur in any of the other districts between this and the next annual meeting of the Executive

Council, we indorse the recommendations of such district societies.

This resolution was adopted unanimously.

A motion was carried that the annual meeting of the State Dental Society be held in Saratoga, and that the date of meeting should be changed from the usual month of May to some date in June, to be decided by the Executive Committee.

Meeting adjourned to meet in Saratoga June 13, 14, and 15, 1918.

After the reading of the foregoing records the secretary, Dr. Burkhart, requested that a stated time be named for the distribution of the souvenir program to be compiled and printed under his direction.

A motion was carried that the souvenir programs be distributed at the time of registration.

Dr. Burkhart read a written report, which was received and ordered filed.

The Treasurer's Report was read by Dr. Butler, and a motion was carried that the report be received and referred to the Auditing Committee.

The reports of the Correspondent and Practice Committees were read, and a motion carried that the reports be received and referred to the general session.

The reports of the standing committees were read in the following order: Committee on Arrangements, Committee on Ethics, Committee on Necrology, Committee on Legislation, Committee on Oral Hygiene and Dental Ambulance, Committee on Clinics.

There was no report from the Scientific Research Committee.

The report of the Eastman Testimonial Committee was read by Dr. Burkhart. A motion was carried that the report be referred back to the committee, and that such com-

mittee have power to make a brief synopsis of the report for publication.

The Secretary read a letter from the secretary of the Rochester Dental Dispensary, expressing appreciation of the Eastman Testimonial. A motion was carried that the communication be received.

The report of the Fellowship Committee was read, received, and ordered published. The committee recommended Dr. George H. Wilson of Cleveland, Ohio, as a Fellow of the New York State Dental Society.

The report of the State Library Committee was read and approved.

The report of the Program Committee was read, received, and ordered filed.

The report of the Committee on President's Address was read, and a motion was carried that the report be received and published.

The report of the Auditing Committee was read by the secretary, and a motion was carried that the report be received and placed on file.

The report of the Committee on Dental Service in State Institutions was read by the secretary, and a motion was carried that the report be received and placed on file, and the work continued.

The Registration Committee reported. The report was received, and the committee was given further time to complete their report, which, when completed, shall be handed to the secretary for publication.

A motion was carried that, on receipt of the report of the Committee on Liability Insurance, such report be made a part of the minutes, and printed in the transactions of the Council.

The Secretary read a letter from Dr. J. W. Canaday, Sr., asking that he be relieved from the office of trustee of the Liability Insurance, stating that he was obliged to resign that office because of ill health. A motion was carried that Dr. Canaday's resignation be accepted, and that a letter be prepared and sent to him thanking him for his services, and regretting his illness and consequent inability to carry on the work.

In connection with the report of the Oral Hygiene Committee, Dr. Timerman made a further oral report regarding the Dental Am-

balance which was presented to the Government for use in France. The portable equipment purchased for the ambulance has been shipped and is now in use in France, but the ambulance itself has not been shipped, as there has been no demand for it. It is, however, being held in readiness for shipment at any time.

Dr. Timerman also presented the matter of the booklet "Prophylactic Rhymes," prepared by the Oral Hygiene Committee, and explained its purpose and financial needs. He asked permission of the Council to use the money now held by the Oral Hygiene Committee, amounting to \$300, and also to borrow from the individual members of the State Society an additional amount sufficient to meet the financial requirements of the committee, such sum total not to exceed \$750.

A motion was carried that the Oral Hygiene Committee be permitted to use the money held by them, and also to borrow money from individuals of the State Society for the publication of the booklet, the moneys so used or borrowed to be refunded when available.

A motion was carried that we express our appreciation of the work of the Oral Hygiene Committee for the past year, and such action was taken.

Dr. Bertram Ball appeared before the Council, and discussed the work of the Oral Hygiene Committee for the past year.

A motion was carried that a special committee be appointed to arrange a section on Oral Hygiene at the next annual meeting of the State Society, at which time there shall be specimen lectures on the different types, viz, lectures to mothers' meetings, young children and older children, and in the evening to have a popular meeting to which the public in whatever city the meeting is held shall be invited, with a specimen lecture to the public at large, and have the Oral Hygiene Committee of the State Society and all those who are willing attend these lectures, practically taking a postgraduate course in Oral Hygiene lecture work.

Dr. William Carr, chairman of the Law Committee, made a report of payments due him. Dr. Carr stated that he has been paid in full the amount due him as chairman of the Law Committee, but had not received the amount from the Regents which was to be

paid under the new law from the first year's receipts.

A motion was carried that the secretary of the State Society communicate with the Board of Regents, and call their attention to the fact that under the law a considerable sum of money is owing to Dr. Carr from that board, and that it has not been paid.

A motion was carried that for the period of the war the State Society remit their proportion of the membership dues for all the members of the society who are now in or who may hereafter enter the active service of the United States.

The following resolution was offered and adopted unanimously:

Whereas, the State Society and District Societies of the State of New York have suspended the dues of their members in active service for the period of the war, but will continue their names on the roll and continue to pay their dues to the National Dental Society, it is recommended that the other State Societies take similar action.

The following resolution was offered and adopted unanimously:

RESOLVED, That during the period of the war the State Society, according to its resolution of last year, hold itself responsible for the payment of one dollar per year per member for the Scientific Research Fund, not counting those in active service of the United States.

A motion was carried that the chairman and secretary send a letter to all the district societies explaining the matter of dues, and particularly the status of the Research Fund.

On behalf of the Second District Society Dr. Ottolengui presented to the Executive Council the following amendments to the By-laws, and spoke at length concerning them:

(1) Amend By-laws, Section 15, after the word "society," in the fourth line thereof, so that it shall read: "This Council shall consist of twenty-seven members, three members to be elected by each of the district societies, and in addition to these the president and secretary of the State Society shall be *ex-officio* members of the Council. The term of each councilor shall be three years, but he shall continue in office until his successor is elected."

(2) "For each councilor there shall also be elected by the district societies an alternate,

and these alternates shall be known as associate members of the Council, and as such shall have equal rights and votes at the time of the election of officers, delegates to the National Association, members of standing committees, etc. Any councilor may be represented by his alternate at any session or meeting from which the councilor may himself be absent."

(3) To Section 15 add the following paragraph: "The plan for increasing the size of the present Council shall be as follows: At the annual meeting of the district societies next following the adoption of these amendments, each district society shall elect three councilors, one for three years, one for two years, and one for one year, so that thereafter a vacancy shall occur annually. At this first election under this new rule the existing councilor shall be named for the balance of his present existing term, whether it be three years, two years, or one year. Then two other names may be presented for the terms not thus filled."

(4) Same section, rescind para. 5, and substitute therefor the following: "No councilor or alternate shall be eligible for election to any office in the society, or as delegate to the National, unless regularly nominated therefor at the annual meeting of his district society."

(5) Section 42, para. 2, amend "one member of the Council and one alternate" to read "three members of the Council and three alternates."

Same section, add new paragraph to read: "Each district society shall be entitled to nominate two names from which the Council shall elect one to be delegate to the National Dental Association. Should the State Society at any time become entitled to more than nine delegates, the additional delegate or delegates shall be chosen by the Council from the other names presented by the various district societies. The district societies at the same time shall nominate two names each, one of which shall be elected as an alternate to the delegate to the National Dental Association, and additional alternates shall be elected in like manner as is directed for the choice of delegates."

(6) Section 49, add the following paragraph: "All meetings of the Council being public and all members being privileged to attend, then at any meeting of the Council at which amendments to the Constitution are to be finally acted upon, any member of the society in good standing may not only be present, but he may participate in the debate

and may vote on the amendments proposed. And to this end, whenever the Constitution is to be amended, notice of this fact shall appear in the announcement of the annual meeting, with a definite statement as to the time and place of the meeting at which action is to be taken, together with copies of the proposed amendments."

A motion was carried that the several proposed amendments to the By-laws be referred to a special committee of three to be appointed by the chairman, and that such committee report at a later session. The chairman appointed as such committee Drs. H. J. Burkhart, Ottolengui, and Hert. The committee recommended that the foregoing amendments shall be referred to the various district societies for their consideration, and the views of the district societies shall be communicated to the secretary of the State Society before the next annual meeting.

The following amendment to Section 15 of the By-laws was presented and adopted: "The Council shall be empowered to transact the business of the society not only during the sessions of the State Society, but also throughout the year, and at such *ad interim* meetings as may be arranged for by the Council or may be called by the chairman."

An amendment to Section 39 of the By-laws of 1916, which provides for remittance to the National Dental Association, striking out "\$1," and in its place inserting "\$2" was presented.

The following resolution was presented and adopted unanimously:

"RESOLVED. That hereafter there shall be given to all retiring presidents a badge, similar to and equal in value to the badge to be presented to the past presidents at this meeting, which shall be known as the "past-president's emblem."

A motion was carried that if Dr. George A. Mills proves to be a charter member of the State Society, a portrait of Dr. Mills be prepared and mailed to all members, and that a charter member's medal be prepared and presented to him, with a letter explaining the failure to include Dr. Mills in the list of charter members.

A motion was carried that the proceedings of the State Society for the years 1917 and 1918 be bound and placed on file.

A motion was carried that the anniversary program of the State Society be sent to the different libraries of the co-operative dental societies.

A motion was carried that the reprints of portions of the proceedings of the society which were requested by Dr. Gies be sent to him, and payment for the same be made by the society.

A motion was carried that the medal which has been prepared to be presented to the past presidents from year to year be reproduced in gold and presented to Dr. A. P. Burkhart, as secretary, to be his personal possession, with the dates of years of service on the back, as a token of appreciation of his services on behalf of this body.

A motion was carried that an honorarium of \$200 be paid to the secretary, Dr. A. P. Burkhart.

A motion was carried that in view of the unusual amount of work done by the secretary during the past year, an additional honorarium of \$100 be granted to him.

A motion was carried that the treasurer receive an honorarium for the year of \$100.

Letters from the mayor and Chamber of Commerce of Buffalo, N. Y., extending an invitation to the State Society to hold its next annual meeting in that city, were read by the secretary.

Dr. A. P. Burkhart presented bills for stenographic and typewriting work and badges aggregating \$291.83. A motion was carried that these bills and all others presented by the secretary be referred to the Auditing Committee. These bills were included in the report of the Auditing Committee.

The following amendment to Section 31 of the By-laws was proposed: "The society shall hold its annual meeting, commencing at 10 A.M., on the second Thursday of such month as shall be selected by the Executive Council, and such other special meetings as may be necessary. The Executive Council shall name the next place of meeting."

Dr. A. P. Burkhart offered the following:

RESOLVED, That the incoming secretary be directed to contract with the S. S. White Dental Mfg. Co. for reporting, publishing, and mailing the proceedings of the 1919 ses-

sion on the same basis as that of 1918. Motion seconded and carried.

ELECTION OF OFFICERS.

The officers elected for the incoming year were as follows:

President—G. B. Beach, Syracuse.

Vice-president—H. P. Gould, Brooklyn.

Secretary—A. P. Burkhart, Auburn.

Treasurer—G. H. Butler, Syracuse.

Correspondent—Arthur W. Smith, Rochester.

The following were elected members of the Executive Council for the ensuing year:

Second District—R. Ottolengui, *regular*; Thaddeus P. Hyatt, *alternate*.

Fifth District—G. B. Beach, *regular*; E. R. Webb, *alternate*.

Eighth District—Guy M. Fiero, *regular*; W. M. Cavers, *alternate*.

Dr. B. S. Hert was elected chairman and Dr. A. W. Twiggarr secretary of the Executive Council.

Dr. E. G. Link of Rochester was reappointed a member of the Fellowship Committee for the full term.

The recommendations from the district societies for the election of their committees

for the ensuing year were approved. [See District Society Reports, pages 69 to 92; also list of Officers and Committees for 1918-19, pages 145 to 147.]

The following were elected delegates to the House of Delegates of the National Dental Association:

Regular—A. C. Rich, Saratoga Springs; John B. West, Elmira; L. Meisburger, Buffalo; Stephen Palmer, Poughkeepsie; Charles F. Ash, New York City.

Alternates—L. A. Timerman, Fort Plain; C. E. Baylis, Oneonta; D. H. Squire, Buffalo; A. W. Twiggarr, Ossining; J. W. Beach, Buffalo.

An amendment to the By-laws was adopted providing for holding Council meetings during the intervening period between the stated sessions of the society.

All bills were properly audited and ordered paid.

The attendance at the convention was reported as 326 members and 165 guests, of whom 95 were ladies.

Syracuse was selected as the place of the next annual meeting of the State Society; time, the second Thursday in June 1919.

REPORTS OF OFFICERS AND COMMITTEES.

Report of the Secretary.

TO THE COUNCIL:

Gentlemen,—In view of the importance of the fiftieth anniversary meeting, the Council at Rochester, in May 1917, provided for a special committee executive in character, with power, to make and supervise all arrangements necessary to a successful anniversary meeting in 1918. The committee when formed consisted of A. C. Rich, H. L. Wheeler, A. P. Burkhart, H. J. Burkhart, W. W. Walker, and A. W. Wright. During the month of October last the committee held a session in New York City, and carefully discussed various plans, with a view of having a successful meeting. General war conditions, it seemed to the committee, would have an influence on all dental societies in 1918, in planning their meetings. After carefully going over the situation the committee decided to celebrate in a fitting yet modest manner the fiftieth anniversary of the society. Before adjournment the committee placed the general business affairs in the hands of the secretary, with request that he submit his views and a general outline for the meeting to the members of the committee. The secretary carefully went over the situation and presented his plans to the members of the committee. They were unanimously approved, and he was authorized to complete the work in hand.

Briefly stated, the secretary offered the following:

(1) A souvenir program historic in character and containing the general program of the 50th Anniversary Meeting, to be distributed at Saratoga to members and guests.

(2) Suitable gold badges to be presented to the living past presidents at the dinner to be given Friday evening, June 14th.

(3) A similar gold badge to each living charter member of the society, as follows: E. A. Bogue and Wm. Carr, New York City, G. A. Mills of Brooklyn, and H. S. Miller of Rochester.

(4) Suitable badges worthy of the event to members and guests in attendance.

(5) A banquet on the evening of June 14th, at which time the badges designed for charter members and past presidents be presented, also presentation of the Fellowship Medal.

The probable cost of the souvenir, making of cuts and badges were submitted to the members of the committee and were approved.

The banquet was taken in charge by Dr. Rich, and with the aid of those whom he has selected to assist him will prove enjoyable, and be long remembered by those present.

The souvenir program was compiled and supervised by the secretary; in fact, the bulletins and official program also. The performance of the work, notably the souvenir, required a tremendous amount of care, labor, and patience, and still it falls short of the dreams of the compiler, because he was unable to obtain all papers to be read during the present meeting. The secretary had hoped to see in print all the important papers to be presented at the present meeting, ample time having been allowed to each man invited to take part. I said a moment ago that it required patience on the part of the secretary; that is putting it mildly. Prominent men of the profession too frequently are indifferent in answering communications; they little dream of the annoyance a secretary is subjected to in his endeavor to get his copy to the printer on time, to enable him sufficiently early to obtain the printed matter intended for distribution.

There is no justification for needless procrastination. A man agreeing to present a paper should have it ready at the time named for its delivery.

In the souvenir will be found a picture of those in attendance at the first meeting of the society, June 30, 1868.* It is historic,

*[See *frontispiece* to these Transactions.]

and must be especially interesting to the four living charter members. A sufficient number of reproductions of the original have been provided for the charter members, past presidents, officers, and members of the Executive Council, both regulars and alternates. There will also be found a picture of the present place of meeting. It was the once famous club-house of Richard Canfield.

We next behold the face of Amos Westcott, the first president of the State Society. He was a man of exceptional ability in his chosen profession. [See portraits, page 6, etc.]

On the next page we behold the face of our present and respected president, Amos C. Rich.

I shall not weary you by calling attention to each page, but will for a moment direct your attention to a notable group consisting of E. A. Bogue, Wm. Carr, G. A. Mills, and H. S. Miller. They are the only living charter members. Farther on you will find the picture of our respected and beloved Dr. Wm. Jarvie, the generous donor of the Fellowship Medal.

On the back of the gold badges intended for the past presidents the name of each and the date of his election is inscribed.

The secretary sincerely hopes that the labors of the Anniversary Committee are satisfactory to you and the membership in general, and he also takes this opportunity of expressing his thanks and appreciation to all those who in anywise aided him in the performance of his duties. Prompt responses to communications sent to Dr. Rich, Dr. Rhinehart, chairman of the Exhibit Committee, and Dr. Kennedy, chairman of the Clinic Committee, were of great assistance in facilitating the work of the secretary. The committee feels that the money expended in celebrating so important an event, the fiftieth anniversary of the society, is justifiable, all things considered.

The secretary has been asked to call your attention to a particular request, the outgrowth of war conditions. In many fraternal societies the dues of their members who are in the United States service have been remitted during their term of service. A similar feeling seems to prevail in some of our district societies, and they also ask that the State Society be requested to likewise refrain from exacting dues for such as are in the service. You are requested to take some action sometime during your sessions.

Dr. Wm. J. Gies of Columbia University is anxious to secure for the benefit of the university a full set of the Transactions of the State Society. Possibly some members of the Council are in a position to assist him. Dr. Gies consecutively for a number of years presented papers before the State Society, and he is anxious to obtain reprints of the 1916 and 1917 sessions. In view of his valued services to the society the secretary recommends that the reprints be furnished to Dr. Gies at the expense of the State Society.

In accordance with a contract entered into with the S. S. White Dental Mfg. Co. the meeting of 1917 was reported, and the Transactions published, and a copy mailed to each member of the State Society. The secretary was directed to enter into a contract with the same company for reporting, publishing, and distributing Transactions of the present session. Dr. Anthony, representing the S. S. White Dental Mfg. Co., will be present and report sessions.

The secretary recommends that the incoming secretary arrange with the S. S. White Dental Mfg. Co. for reporting, publishing, and distributing the proceedings of the 1919 session on the basis of the 1918 contract.

All stationery for the use of committees—except the Oral Hygiene Committee—was furnished by the secretary.

On April 14th I received from Dr. Ottolengui a letter in which he says: "We elect members from time to time throughout the year, and these men are disappointed because they do not at once receive the *National Dental Journal*. I wrote Dr. King about this, and wondered if there was any way to get the *Journal* to our men promptly."

There are three societies of the nine to the knowledge of the secretary that elect members at various times during the year, whereas the other six societies elect members annually or semi-annually, and they of course render their reports covering membership as of April 25th of each year. It would seem that an arrangement could be made by the three societies, namely, the First, Second, and Ninth districts, with the state treasurer which would give the relief sought.

In a separate report you will find the recommendations presented by the various district societies for your convenience. The reports from the Correspondent and chairman

of the Practice Committee and various other committee reports are ready for your consideration. The reports of the Exhibit and Auditing Committees will be made before the close of the meeting.

All instructions of the Executive Council given at the last annual session have received due attention.

During the year the secretary has numerous times co-operated with the Surgeon-general's office at Washington, by investigating the abilities and character of applicants for dental positions in the army. He feels under obligations to members of the State Society throughout the state for assistance and general promptness. The direct office expenses, aside from stenographer and typewriting services, are as follows:

EXPENSES.	
Addressing, stamping and filling envelopes	\$29.80
Expense of returning photos and cuts of individuals and societies	7.00
Phone and telegraph messages, expressage, postage, and miscellaneous expenses	97.12
	\$133.92
At Saratoga—Brass fasteners	.30
	\$134.22

Herewith find attached bill for reference to the Auditing Committee.

Respectfully submitted,

A. P. BURKHART, *Sec'y.*

Report of the Treasurer.

SYRACUSE, N. Y., May 27, 1918.

Gentlemen.—The treasurer of the Dental Society of the State of New York reports as follows:

Although the By-laws provide for reports to be in the hands of the treasurer by May 1st, the annual dues from the Fourth District Society have not been received at this date: and two of the societies have not made their payments correspond with the cards sent. The amount of difference, however, is not large. The dues from the Fourth District were \$336 last year, so this amount may be depended upon to increase the cash balance.

The usual items of expense for essayists from abroad, badges, and programs were met last year by the Exhibit Committee, and a balance turned over to the society.

We owe Dr. Carr a balance, but I have been unable to get a complete statement of the amount.

The dues to the National Association will be approximately \$3420.

The financial report follows:

"A" SOCIETY FUND.

Receipts.

Balance from 1917	\$6901.57
Additional 1917 dues from First District	8.00

Additional 1917 dues from Fourth District	\$4.00
Additional 1917 dues from Seventh District	8.00
Additional 1917 dues from Eighth District	4.00
Returned by Committee Scientific Research	517.66
Interest on deposits	127.22
Balance from Exhibit Committee ..	100.40
" " dinner	17.40
From National Association, from money received with application for membership at New York meeting	151.00
First District dues	2256.00
Second " " "	1192.00
Third " " "	364.00
Fifth " " "	500.00
Sixth " " "	428.00
Seventh " " "	568.00
Eighth " " "	792.00
Ninth " " "	396.00
	\$14,335.25

Disbursements.

Expenses of secretary	\$89.08
Secretary's honorarium	200.00
Treasurer's bond	17.50
" expenses	6.19
" honorarium	100.00

Correspondent's expenses	\$25.40
Registration Committee expenses ..	9.40
Legal services relative to By-laws ..	15.00
S. S. White Co., mailing 1917 Transactions	101.92
S. S. White Co., mailing 1918 Transactions	108.83
Voted to Legislative Committee ...	25.00
Stationery and printing	208.43
Printing By-laws and envelopes ...	81.65
Binding old Transactions	30.20
Typewriting	48.62
Black Memorial	200.00
Testimonial to Dr. Carr	112.56
Eastman testimonial	500.00
National Association dues	3134.00
Typewriter, etc., for secretary	52.70
Desk and file for secretary	48.00
Flowers for Dr. White	10.00
Money received from N. D. A., distributed as follows:	

First District	6.00
Third "	10.00
Fourth "	59.00
Fifth "	16.00
Sixth "	20.00
Seventh "	14.00
Eighth "	7.00
Ninth "	19.00
Cash balance	9059.77
	<u>\$14,335.25</u>

"B" LAW FUND.

Receipts.

Balance from 1917	\$.06
From First District	250.00
From Educational Department	1700.00
	<u>\$1950.06</u>

<i>Disbursements.</i>	
Expenses of Dr. Carr	\$381.00
Cash balance	1569.06
	<u>\$1950.06</u>

"C" JARVIE MEDAL FUND.

Credits.

Balance from 1917	\$5.00
Interest on bonds	50.00
Bonds	1250.00
	<u>\$1305.00</u>

Debits.

Bonds	\$1250.00
Cash balance	55.00
	<u>\$1305.00</u>

RECAPITULATION.

Receipts.

Total balance from 1917	\$6906.63
Society Fund (A)	7433.68
Law Fund (B)	1950.00
Jarvie Fund (C)	50.00
	<u>\$16,340.31</u>

Disbursements.

Society expenses 1917-18	\$5275.48
Paid out of law fund	381.00
Total cash balance	10,683.83

\$16,340.31GEORGE H. BUTLER, *Treasurer.**Examined and found correct:*

F. F. HAWKINS,
F. E. TAYLOR,
R. MURRAY.

Report of the Committee on Exhibits.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Exhibit Committee respectfully presents for your consideration the following:

Receipts.

Kress & Owen	\$40.00
Kny-Scheerer Corporation	40.00
H. Fischer & Co.	35.00

Foregger & Co.	\$35.00
J. Bird Moyer Co.	30.00
Dental Elec. Co.	30.00
Denver Specialty Co.	30.00
Dental Products Co.	30.00
H. R. Campbell (Waugh Unit) ..	30.00
Campbell Electric Co.	30.00
Borine Co.	35.00
Colgate Co.	35.00

Lavoris Chemical Co.	\$35.00		
American Cabinet Co.	90.00		
Ritter Dental Mfg. Co.	110.00		
Western Audit Co.	17.50		
King Specialty Co.	20.00		
Pelton & Crane	50.00		
Pinches Dental Mfg. Co.	30.00		
Wappler Elec. Co.	30.00		
Horlick's Malted Milk Co.	35.00		
Lee S. Smith & Son	70.00		
S. S. White Dental Co.	135.00		
Lochhead Laboratories	50.00		
Dentists' Supply Co.	70.00		
Twentieth Century Broach Co. ...	50.00		
Phillips Chemical Co.	70.00		
Denver Chemical Co.	30.00		
Kolynos Co.	39.00		
Halverson Co.	30.00		
Oakland Chemical Co.	30.00		
Dental Mfg. Co., Ltd	60.00		
Conn. Coat and Cover Co.	30.00		
Columbus Dental Mfg. Co.	30.00		
Cutter Dental Supply Co.	30.00		
Consolidated Dental Mfg. Co.	30.00		
Wessfeld Bros.	20.00		
J. W. Ivory	30.00		
Cleveland Dental Mfg. Co.	35.00		
L. D. Caulk Co.	35.00		
Johnson & Lund	20.00		
Mary Jane Harris	20.00		
Haag & Co.	20.00		
Edwards X-ray Mfg. Co.	20.00		
Interest on check account	2.75		
Total	\$1765.25		
		<i>Disbursements.</i>	
		Edward L. Davis	\$15.00
		<i>Gazette-Press</i>	44.74
		Geo. A. Trahan	335.00
		Sherin & Son	43.41
		G. W. Ainsworth	59.74
		J. B. Mulham	35.00
		C. A. Perkins	150.00
		Benj. Wilson	96.00
		Geo. A. Sterrett	35.00
		Miss Hazel Joyce	25.00
		Miss Mary McNeary	10.27
		Dr. L. H. Foote	54.80
		Dennis Fitzgibbon	18.00
		Hayes & Prescott	29.80
		Sun Printing Co.	11.06
		Ingham White & Co.	16.73
		Arrowhead Inn	78.50
		Harry Crocker	17.85
		E. R. Todd	40.32
		Robson & Adee	21.50
		Chas. Doring, Jr.	33.00
		Chas. H. Kilmyre	25.55
		Masonic Hall Ass'n	25.00
		John Ralph's Greenhouses	44.50
		Brizee & Mallory	42.45
		Geo. W. Ainsworth	79.22
		Expenses of Exhibit Committee ...	47.11
		Check to Dr. Rich	330.70
		Total	\$1765.25
		E. B. RHINEHART, <i>Chairman</i> ,	
		S. A. DEMAREST,	
		R. H. WHITMYRE,	
		<i>Committee.</i>	

Report of the Committee on President's Address.

SARATOGA SPRINGS, June 13, 1918.

TO THE COUNCIL:

Gentlemen.—Your committee to whom the President's Address was referred beg leave to make the following report:

We have been greatly impressed with the evidences of the deep and earnest thought as expressed in this address, which symbolizes loyalty to our society and confidence in us as an organization that can make material strides which stand for higher ideals and the general uplift of our profession.

We appreciate the president's recommendation in reference to the publication of our proceedings under conditions of society and professional control, and feel that could such proceedings be published in the *Journal* of the National Dental Association it would furnish a happy and much-desired solution of this problem, and in the event of its feasibility we would so recommend.

We are in full accord with his recommendation that there be appointed a membership committee of one or more from each district society (with power to increase the number),

who shall be charged with this duty, and as a means to this end we feel that this action could be stimulated by having the State Society advise the various district societies of this recommendation in regard to the publication of a *Bulletin* by the State Society, and advise the appointment of such committee (with power to act) by the Executive Council, whose duty it would be to confer with the district societies and decide as to its practicability.

As to the recommendation that a contingent appropriation for the Oral Hygiene Committee to act in conjunction with the inspector to be attached to the School Medical Inspec-

tion department, we would say that we feel that such co-operation should be sought, but do not see the necessity of an appropriation at this time.

We heartily commend his suggestion that this society express its approval and appreciation of the propaganda of the National Dental Association for universal service and preparedness through national physical standards and other agencies employed by them to attain that end.

Respectfully submitted,

LOUIS MEISBURGER, *Chairman*,
W. W. SMITH,
Committee.

Report of Oral Hygiene Committee.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Oral Hygiene Committee respectfully presents for your consideration the attached report:

It is hardly necessary to mention the fact that the Oral Hygiene activities of the past year have been greatly curtailed by the patriotic call of the Preparedness League upon the dental profession of the state, and it was not the desire of our committee to detract from that worthy service.

The work outlined the past year is of a constructive nature, and a broad foundation has been laid for an extensive educational campaign throughout the state.

Until about two years ago, this committee had been groping about for a gateway to the field opened up by Oral Hygiene. Now a sense of satisfaction prevails, as we are agreed that "education" is the gateway by which this work must be accomplished. Whether by lectures, booklets, textbooks, or drills, all lead in the same direction, teaching the child at the habit-forming age the advantages of clean mouth, good teeth, and good health.

The following plan of work was adopted for each district:

(1) List those who are willing and who can give lectures on Oral Hygiene.

(2) Secure a list of all suitable slides that can be obtained for these lectures. Have

prints made and mounted with name and address of owner. This list to be filed with the district chairman.

(3) Address a letter to the school superintendents of the district, especially in the villages and towns, setting forth the following: (a) The importance of early education in mouth cleanliness and the effect of the child's health, progress in school, and physical development. (b) That the Oral Hygiene Committee of the ——— District Dental Society is prepared to furnish lectures to (c) school children, (d) mixed audiences, and (e) mothers' clubs. Good lecture outlines are in the hands of the committee on the following subjects—(f) the care of the children's teeth, (g) teeth and their relation to the growing child.

(4) Distribution of booklets.

First and Second districts report splendid teamwork along constructive lines, ninety-seven lectures having been given. The campaign in May 1917 was a success in many ways.

Under the direction of Dr. Leak, the Watertown schools have had a series of twenty-three lectures. First and second prizes of war savings stamps were offered for the best essays on the subject "Teeth," the school superintendent making it obligatory on the part of the pupils to write these essays. The industrial institutions of the city have had twelve talks on care of the mouth and teeth.

The Oral Hygiene movement in the Seventh

district for year ending June 1, 1918, was limited almost entirely to the city of Rochester and to the Rochester Dental Dispensary founded in 1917 by Mr. George Eastman.

A report of patients seen and operations performed follows:

Visits to May 1, 1918	27,504
Treatments	47,705
Fillings	18,532
Extractions	5,203

A very important adjunct to the dispensary is the school for dental hygienists founded in October 1916. On June 14, 1917, thirty-eight young ladies received their diplomas granting them the right to practice oral prophylaxis, and this year about the same number will be graduated.

Part of the training of these students consists in the cleaning of teeth of all of the children in the public and parochial schools, except the high schools. This is done by sending squads to various schools, each squad under the direct supervision of at least one graduate dentist. By the 1st of February of this year every public and parochial school in the city had been visited, and 33,664 children had had their teeth cleaned. Since February 1st the schools have been gone through again, and each child has received a second prophylactic treatment. Only those whose parents grant their permission receive this treatment.

Still another important phase of the work of the dispensary is the lecturing done in the schools.

Since October 15, 1917, Miss Gilman and Mrs. W. A. White have talked to 68,000 children in every public and parochial school and orphan asylum in the city.

With the opening of the Rochester Dental Dispensary the three dispensaries operated by the Rochester Dental Society became automatically obsolete. The equipment of one of these has been placed in the Rochester General Hospital, and a fund has been provided to pay for the services of dentists and dental hygienists who will take care of patients needing dental attention on three evenings a week. This has been in operation for about two months.

A complete equipment has been installed by the Hahnemann Hospital, and work has been started there.

The industrial dispensary installed at the Bausch & Lomb Optical Co. in October 1915 is in full operation, with Dr. Flora Nagel in charge on full time. No charge is made to employees.

The year 1917 marks the passing from the Seventh district of one of the chief exponents of oral hygiene in the country. As a member of this Oral Hygiene Committee we feel a distinct sense of loss in the demise of Dr. W. A. White.

A few facts showing the present outlook for Oral Hygiene follow:

The War department has established a chair of Oral Hygiene in the only army dental college in the country. Through the State Educational department our last legislature appropriated funds for the position of state oral hygiene inspector. One hundred and seventy-six school nurses are employed in the state exclusive of New York, Buffalo, and Rochester. Twenty-nine dental dispensaries are distributed over the state outside of greater New York. A letter from the State Educational department reads:

My dear Dr. Timerman.—In reply to yours of the 21st, I beg to say that Oral Hygiene will be included in the curriculum for the nurses' courses in the hospitals.

Yours very truly,

AUGUSTUS S. DOWNING.

The Mt. Vernon City Hospital is organizing a clinic for focal infection and jaw surgery with a member of this committee in charge.

The action of the Executive Council last year in authorizing the increase of each district oral hygiene committee, except First and Second districts, from two to seven members was a most wise provision. Especially was it noticeable in raising funds for the dental ambulance. When properly organized each unit will be a power in spreading the gospel of clean mouths.

Dr. H. B. Butler, a member of this committee formerly of Ogdensburg, now Major Butler, D.C., has been in active service since last summer, at first at Camp Upton, where most of his time was employed in giving talks on Oral Hygiene to the recruits. He is now assigned to Fort Oglethorpe, Ga., as instructor on Oral Hygiene in the army dental college.

It is difficult to make a prognosis of the

strides to be made in this field with an active state Oral Hygiene inspector in charge.

No doubt the school nurse has been the greatest single factor in the past two years in pressing home the necessity of dental attention, and especially valuable is the follow-up work. This work could not be effective except for the numerous dental dispensaries and the dentists who have volunteered their services in caring for the indigent.

REPORT OF THE MOTION-PICTURE COMMITTEE.

Since May 1917, seven copies of the "Oral Health" film have been sold, five of which were sold at cost to the American Red Cross Society, and sent to France to be used in the camps. The copy held by the society for rental purposes has been exhibited in several cities.

The film sold to the Minnesota State Society three years ago was returned for repairs and a new title. The Minnesota Society then presented it to the Minnesota Woman's Club, which is exhibiting it extensively in that state.

The committee now has on hand the negative or master film in good condition, one rental film in good condition, and two films in poor condition suitable only for repairing or piecing other copies.

ARTHUR W. SMITH.

WILLIAM W. BELCHER.

REPORT OF THE BOOKLET COMMITTEE.

At a meeting of some of the members of the Oral Hygiene Committee held in Albany on December 15, 1917, it was decided to carry out the suggestions which had been made from time to time at previous committee meetings to produce a booklet, educational in nature, and comprehensible by children. It was decided that a booklet containing short rhymes, copiously illustrated by sketches or cartoons in color, would best convey the ideas of mouth cleanliness to the child mind.

With this in view the committee has produced the accompanying pamphlet with the hope that it will find a ready demand in the oral hygiene work of the dental societies, state and city departments of health and education, and other organizations.

It consists of sixteen pages, containing fifteen rhymes and twelve sketches done in two

colors, a song about brushing the teeth, a full-page cut showing six phases of tooth decay, destruction of the pulp and formation of an abscess, and an attractive cover.

It will be sold in quantity lots at rates slightly above cost, but it is hoped that the demand will be great enough to permit the committee not only to recover on the initial edition of 10,000 copies but to produce subsequent issues, and eventually to greatly augment the booklet.

AMBULANCE REPORT.

At the annual meeting of the State Dental Society held at Rochester in 1917, the Executive Council authorized the Oral Hygiene Committee to solicit funds to purchase and equip a dental ambulance to be presented to the Government for use overseas. The matter was taken up with the War department through Herbert L. Wheeler of New York, and the following descriptive letter received:

May 17, 1917.

Dear Dr. Timerman,—In regard to the cost of the dental ambulance of which you speak, I had a conference upon this subject with Major Wolfe at the Surgeon-general's office, and he suggests either what is known as the G. M. C. chassis or the Ford chassis. He also suggests instead of an equipped dental office on wheels an automobile so arranged as to carry the complete equipment of a dental office from place to place, but when arriving at a place where it is to be detained for a while, that the dental office be set up in a room of a building or in a tent. He said that in the wintertime it could not be kept warm, and in the summertime a room or tent would be more comfortable. He said that dental equipment would not get nearer the front than the field hospital, and at the position of the field hospital a room was usually obtainable. Therefore his advice was an automobile that would carry all necessary equipment, but that it should not be arranged to have the dental office on the wheels. This certainly would be more economical, and I think more practical.

The Government will accept these from those who wish to donate them.

Sincerely yours,

HERBERT L. WHEELER.

After your committee was assured that the funds would be forthcoming a Ford chassis was selected for two reasons. First, the Ford

could be secured and ready for service in much shorter time; and second, two Fords could be purchased and equipped for the price of one chassis of a general motor company's type. The one selected has a wheel base of 118 inches, vehisote panel with vestibule front, equipped with minute wheels and non-skid tires all around. As additional equipment we purchased two extra minute wheels with two non-skid tires and tubes, a bumper and tire chains, with the usual accessories belonging to an automobile.

The body was modified by raising the roof to standing height, converting the driver's seat into an operating-chair, and changing the gas tank. This permits comfortable operating and good light.

In addition to the portable outfit as recommended by the Government, we purchased a laboratory equipment and a few supplies.

The Government was then advised that the dentists of the State of New York had equipped a dental ambulance and presented the same for use in the present war.

The following reply was received:

Sept. 5, 1917.

ORAL HYGIENE COMMITTEE, etc.

Sirs,—The Surgeon-general directs me to acknowledge the receipt of your letter of August 29th, in which you state that the dentists of the State of New York desire to present to the Government of the United States a dental ambulance on a Ford chassis, complete, with portable outfit for use in the present war, and to express to you his sincere and deep appreciation of your interest in the welfare of our troops abroad, and of your generous gift.

Since this apparatus is destined for service overseas it is requested that you have it consigned to the officer in charge, Medical Supply Depot, American Expeditionary Force, France, and delivered to the Medical Supply Officer, Port of Embarkation, Pier 45, North River (free lighterage), New York City.

Your letter has been referred to the surgeon of the American Expeditionary Forces for his information, and that he may make the best possible use of the ambulance and outfit furnished.

Again thanking you for your generous gift,
I am

Very respectfully,

EDWIN P. WOLFE,
Colonel, Med. Corps.

AMBULANCE FUND.

Amount collected \$1861.00

Disbursements.

Paid Hayes-Diefenderfer Co. for ambulance and alterations of body	\$933.00	
Paid Cleveland Dental Manufacturing Co. for portable and laboratory dental equipment	636.97	
Paid expense incident to collecting ambulance fund (A. W. Smith)	167.85	
Paid expense incident to purchase of ambulance and dental equipment (L. A. Timerman)	17.10	1754.92
Balance on hand		\$106.08

FINANCIAL REPORT.

Receipts.

1917		
May 16, cash on hand	\$203.94	
May 16. C. Webb	5.00	
Nov. 8, return of loan to ambulance fund	110.00	
Dec. 21, New Jersey State Board for film	125.00	
1918		
March 27, A. J. Broughton	115.00	
May 27, A. W. Smith	12.00	
		\$570.94

Disbursements.

1917		
May 16, Loan to ambulance fund	\$110.00	
Sept. 6, Connolly Co., supplies	17.50	
Dec. 5, J. E. Edson Co., film	62.08	
1918		
Mar. 15, J. E. Edson Co., film	62.21	
May 26, exp. (L. A. Timerman)	3.80	
May 26, exp. (H. D. Whitmarsh)	1.25	
June 1, exp. (A. W. Smith)	5.11	
May 27, sundries	1.00	262.95
		\$307.99

Respectfully submitted,

LINCOLN A. TIMERMAN, Chairman.

Report of Dental Service Committee.

June 14, 1918.

TO THE COUNCIL:

A correspondence with the wardens and superintendents of state institutions at the beginning of this year showed that there is no change in the policy of dental service to the inmates.

Convicts are being used for this work wherever possible. Citizen dentists are called in

in other cases, some regularly and some sporadically.

We have been urging and working to have someone appointed to a state position, which would place some ethical dentist in charge of this work.

Respectfully submitted,

ALBERT W. TWIGGAR, *Chairman.*

Report of Committee on Arrangements.

SARATOGA SPRINGS, N. Y.,

June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Committee on Arrangements respectfully presents for your consideration the following report:

Arrangements have been completed for the holding of the fiftieth anniversary meeting of the New York State Dental Society. With the exception of the illustrated clinics, provision has been made for the holding of all sessions, exhibits, and demonstrations in Saratoga's famous Casino, which is most admirably adapted for the same. The illustrated clinics and war surgery films will be shown in Convention Hall. Both of these places of meeting are the property of the city, and

were secured without cost to the society. It seems fitting to report here that the city officials showed every desire to co-operate with the Committee of Arrangements. As an evidence of this, in the parlor of the Casino, where the literary features of the program will take place, were some massive chandeliers, which hung so low as to interfere with the use of a lantern. These were taken down at considerable cost to the city.

The committee is indebted to the president of the society, Dr. Rich, who has labored untiringly that its work might be successful.

N. C. POWERS, *Chairman,*

J. M. HASTINGS,

LEROY FOOTE,

Committee.

Report of Program Committee.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Program Committee presents the following: About March 1st there was issued a *Bulletin*, and another during the early part of May, and copies mailed to the members and many throughout other states. On June 3d the official program was sent out. The three publications gave general information pertaining to the fiftieth anniversary meeting for the purpose of interesting and guiding the members with a view of obtaining a large attendance. In addition a fine souvenir program has been prepared for

distribution to all members and guests in attendance at this most important meeting of the society.

The cost of printing was as follows:

The first <i>Bulletin</i>	\$18.50
" second "	19.75
" official program	44.00
" souvenir "	361.05
Reservation cards, 75 etchings of first meeting, and envelopes for souvenir program	17.25
Cost of cuts for pictures in souvenir program	166.63
	<u>\$627.18</u>

In addition to the publications mentioned a request was made to the secretaries of state societies in adjoining states to notice in their literature the fiftieth anniversary meeting of the society. We are pleased to state that all the societies addressed cheerfully complied.

Your committee hopes that the general

efforts put forth will bring a large attendance, and all present have an enjoyable time.

Respectfully submitted,

A. P. BURKHART,
H. L. WHEELER,
MORTON VAN LOAN,
Committee.

Report of the Clinic Committee.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Clinic Committee respectfully presents for your consideration the following report:

The Clinic Committee has decided to hold the following clinics on Friday afternoon, June 14th:

CROWN AND BRIDGE WORK AND BRIDGE ATTACHMENTS.

George Thompson, Chicago. "Single Fixed Porcelain Jacket Crowns."

James Kendall Burgess, New York City. "Inlay Bridge Attachments."

Norman S. Essig, Philadelphia. "Compensating Clasp Attachments."

Frederick A. Peeso, New York City. "Peeso Removable Bridge Attachments."

E. P. Ryan, New York City. "Chayes Attachments."

These clinics will consist of table clinics of the non-progressive type.

Saturday morning there will be illustrated

clinics on root-canal work and war surgery films, as follows:

ROOT-CANAL ILLUSTRATED CLINIC.

Percy Howe, Boston. "Sterilization of Root-canals by Silver Nitrate Solution."

Edgar D. Coolidge, Chicago. "Root-canal Technique."

Rodrigues Ottolengui, New York City. "Technique Root-filling Without Over-filling."

War surgery films: Major Fred H. Albee, U.S.R., Chief Surgeon-general Hospital No. 3, showing motion pictures of plastic and bone surgery.

A number of meetings have been held in New York City. Those members near by have attended, and those who could not attend were communicated with and their suggestions were considered by the members present.

The expenses involved by the clinics and clinicians of the meeting have not yet been ascertained, but as soon as found out will be incorporated in the report.

EDWARD KENNEDY, *Chairman.*

Report of the Fellowship Committee.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Fellowship Committee respectfully presents for your consideration the following report:

The Fellowship Committee take pleasure in presenting the name of Dr. George H. Wilson of Cleveland, Ohio, to be the Fellow of the Dental Society of the State of New York for

the year 1918, and beg to say that his selection was by unanimous vote of your committee.

Respectfully submitted,

EDWARD G. LINK, *Chairman,*
ARTHUR L. SWIFT,
A. R. COOKE,
A. M. WRIGHT,
LOUIS MEISBURGER,
Committee.

Report of the Eastman Testimonial Committee.

TO THE COUNCIL:

Gentlemen,—The committee, as reported last year, decided that the best form the testimonial could take, and one that would be most acceptable to Mr. Eastman, was a nucleus for a museum to be placed in the Rochester Dental Dispensary. And after consulting with Mr. F. H. Ward of Ward's natural science establishment, the following exhibit was planned, purchased, and placed in the dispensary:

First, a panel designed to give a short sketch of the development, variations, and adaptations of teeth as illustrated by the various groups of the animal kingdom, with particular reference to those forms with the highly organized and complicated structures which we are accustomed to consider as teeth, and with only a slight reference to the lower forms having certain hard bodies situated in or near the mouth, which are also properly called teeth, though of a low type of develop-

ment and hardly differentiated from bone. The exhibition is divided into the following sections:

- (1) Forms of "teeth" of the invertebrates.
- (2) Composition of vertebrate teeth.
- (3) Methods of implantation in the jaw.
- (4) Series and succession of teeth.
- (5) Methods of growth of teeth.
- (6) Placement of teeth.
- (7) Forms of teeth showing that adaptation is made for the work required.

Second, a series of skulls of the mammalia, to be part of a collection that shall finally contain skulls showing the dentition of as many of the genera of the mammalia as possible, arranged according to the latest classification. The collection at present contains fifty-six skulls, representing nine orders and forty-seven families.

B. S. HERT,
H. J. BURKHART,
Committee.

Report of Legislative Committee.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Legislative Committee respectfully presents for your consideration the following report:

No public health bills were introduced during the legislative session just closed affecting the practice of dentistry.

Respectfully submitted,

GEO. VANDERPOOL, *Chairman.*

Report of Committee on Registration.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Registration Committee respectfully presents for your consideration the following report:

Dr. J. M. Hastings, as resident member of this committee, looked after the registration, with the assistance of young ladies. He registered 326 members, and 165 guests, of whom 95 were ladies.

G. H. BUTLER, *Chairman.*

Report of Committee on Ethics.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Committee on Ethics respectfully presents for your consideration the following report:

There have not been any reports made to us of violations of the code of ethics of the

State Dental Society, therefore we have had no cause for action.

Respectfully submitted,

C. F. BAYLIS,
W. V. RANDALL,
G. H. HINEY,
Committee.

Report of Committee on Necrology.

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The Necrology Committee respectfully presents for your consideration the following:

The following deaths have occurred in our district societies during the past year:

Third District—Peter S. Garvey, Hudson, age sixty-seven.

Fifth District—Arwed Retter, Utica, age seventy.

Seventh District—William A. White, Phelps, age sixty; A. Osgood, Bath, age eighty-four.

Eighth District—Maurice J. Cogan, Buffalo.

Each of these men was an inspiration to dental duty and achievement, and our sorrow at the loss of such estimable members is assuaged by the consciousness that the roll of each recurring year is formed of the names of those who have made our profession so indispensable and honored by its unselfish service to humanity.

All have attained positions of prominence in civil and professional life, and one, Dr. William A. White, has served so continuously and prominently as to become not only an

acquaintance but a personal friend of the individual practitioner throughout the state. He was president of our society during 1906-07, was its secretary for several years, was on the State Board of Dental Examiners at the time of his death, and had been for some years lecturer on oral hygiene in the employ of the State Department of Health.

Dr. A. Osgood of Bath, N. Y., died in September 1917, at the age of eighty-four. He practiced his profession until within two months of his death. He joined the Seventh District Society in June 1872, and from that period to the time of his retirement from active practice was one of the most interesting and progressive dentists in the district. He was elected president of the Seventh district at the April meeting of the society in 1917. He was a man of exceptionally fine character, a splendid specimen of the old-time dentist, a skilful dental practitioner, and a man who never was known to say an unkind word of his fellow man.

Respectfully submitted,

W. S. ROSE, *Chairman*,

J. H. DOWER,

F. W. PROSEUS, *Committee*.

Report of State Library Committee

SARATOGA SPRINGS, N. Y., June 13, 1918.

TO THE COUNCIL:

Gentlemen,—The State Library Committee respectfully presents for your consideration the following report:

We have received and placed in the New York State Dental Library ten volumes of the Transactions of the Dental Society of the State of New York.

This incomplete set contains the Transactions for the following years:

1868 to 1874	1899 to 1902
1875 " 1881	1903 " 1906
	1907 " 1909
1888 " 1891	1910 " 1912
1892 " 1895	1913 " 1916
1896 " 1898	

Respectfully submitted,
J. W. CANADAY, JR., *Chairman*.

REPORTS FROM THE DISTRICT SOCIETIES.

First District.

THE annual meeting of the First District Dental Society of the State of New York was held April 1, 1918, and the following persons were elected officers for the ensuing year:

President—Arthur H. Merritt.

Vice-president—Frederick C. Kemple.

Recording Secretary—Leland Barrett.

Corresponding Secretary—J. Russell Watson.

Treasurer—Alfred L. Kohn.

Editor—S. E. Davenport, Jr.

Supervisor of P. G. Sections—O. J. Chase, Jr.

(Legislative); Martin L. Collins (Law); Waldo H. Mork and Wallace T. VanWinkle (Oral Hygiene).

The usual scientific meetings were held monthly, October to March, inclusive, and were generally well attended, as were the informal dinners preceding them, which have been a most enjoyable feature the past few years. The Postgraduate Study Sections were continued under the direction of Dr. O. J. Chase, Jr., and were generally well filled.

We regret to report the following deaths: J. F. P. Hodson, E. A. Sanford, and L. A. O'Brian.

Respectfully submitted,

LELAND BARRETT, *Rec. Sec'y.*

The following were appointed to serve on State Society committees: Chas. C. Linton

ACTIVE MEMBERS.

† In the National service.

Abel, L. Hosford, 8 W. 40th st.
Abraham, Samuel, 219 W. 81st st.
Abrahmson, H. L., 21 Fort Washington ave.
Adams, Irving F., 243 W. 98th st.
Addelston, W. M., 73 E. 92d st.
Agatston, Louis N., 206 W. 92d st.
Agostini, E. M., 141 W. 76th st.
Andrade, Alex., 123 W. 95th st.
Arkin, David M., 150 W. 87th st.
Armstrong, Herbert R., 200 W. 72d st.
Aronson, Geo. G., 507 Fifth ave.
Aronstein, William, 576 Fifth ave.
Asch, Andrew J., 331 Madison ave.
† Asch, Jacob, 576 Fifth ave.
Ash, Chas. F., 115 Broadway.
Babcock, Ralph W., 140 W. 57th st.
Bailey, Herbert S., 59 W. 46th st.
Baker, David C., 516 Fifth ave.
Baker, Edward W., 119 W. 121st st.
Baldwin, Harold L., 104 E. 40th st.
Baldwin, L. C., 167 W. 71st st.

Ball, Louise C., 755 Park ave.
Ballin, Irving J., 164 E. 72d st.
Bark, Arthur W., 779 Madison ave.
Barker, Clinton Reed, 753 Fifth ave.
Barnard, Wm. E., 40 E. 41st st.
† Barnett, Lawrence, 167 W. 71st st.
Barrett, Leland, 220 W. 98th st.
Bartlett, Harry A., 11 Broadway.
Bases, Max, 130 W. 84th st.
Bastian, Carlisle C., 38 E. 61st st.
Bate, Jacob, 752 West End ave.
Baumann, Harry C., 103 Park ave.
Bechtold, August C., 451 West End ave.
Becker, DeForest, Manhattan State Hospital,
Wards Island, N. Y. C.
Beekman, A. Russell, 24 E. 48th st.
Beiser, H. Everett, 250 W. 74th st.
Bendernagel, James F., 451 West End ave.
Benney, Walter, 17 E. 38th st.
Berger, Adolph, 576 Fifth ave.
Berlin, Simon, 1800 Seventh ave.

- Betzig, Edward P., 417 E. 143d st.
 Beyer, Fritz A., 505 Fifth ave.
 Birnberg, Frederick, 29 E. 48th st.
 Bickel, Otto, 701 Madison ave.
 Bieber, Louis E., 151 W. 86th st.
 Birkhahn, A. M., 33 W. 42d st.
 †Bishop, Edward A., 386 Audubon ave.
 Blakeslee, Geo. W., 157 W. 93d st.
 Blattstain, Leon, 133 W. 72d st.
 Bleyer, LeRoy Mount, 230 W. 79th st.
 Bluhm, Maurice M., 965 Tiffany st., Bronx.
 Bluhm, Jacob A., 868 Union ave.
 Blum, Richard, 576 Fifth ave.
 Blum, Theodor, 140 W. 57th st.
 Bogue, Edward A., 63 W. 48th st.
 Bogue, Fred L., 63 W. 48th st.
 Bohm, L. W., 55 W. 95th st.
 Both, H. Spalding, 576 Fifth ave.
 Bourne, A. B., 174 W. 79th st.
 Bowman, Harry, 108 E. 73d st.
 Brandt, Henry, 200 W. 113th st.
 Brash, W. W., 1472 Broadway.
 Brazier, R. Horace, 125 E. 24th st.
 Brazill, Manuel J., 2090 Seventh ave.
 Breen, John M., 115 E. 17th st.
 Brice, James H., 144 E. 19th st.
 Brinkman, Harry J., 52 Vanderbilt ave.
 Brophy, Chas. J., 3456 Broadway.
 †Brophy, Frederick H., 3456 Broadway.
 Brown, Albert R., 8 W. 40th st.
 Browne, Chas. L., 200 W. 56th st.
 Brown, Irving W., 260 W. 72d st.
 Brown, M. Hart, 1511 E. Chester road.
 Brush, F. C., 17 E. 38th st.
 Bryer, Russell K., 515 Madison ave.
 Buckley, John F., 272 Willis ave.
 Burke, J. Willard, 8 W. 40th st.
 Burgess, Jas. Kendall, 149 Broadway.
 Burns, Bert A., 8 W. 40th st.
 Burt, John D., 40 E. 41st st.
 Burton, I. G., 1482 Broadway.
 Butler, E. Santley, 576 Fifth av.
 Buxbaum, A. I. F., 341 Madison ave.
 Byers, J. M., 437 Fifth ave.
 Cain, Edward, 344 W. 22d st.
 Camerden, Henry B., 121 W. 78th st.
 †Campbell, Guy, 50 W. 67th st.
 Carleton, S. S., 171 W. 71st st.
 Carman, Herman F., 343 E. 142d st.
 †Carney, Matthew F., 51 E. 42d st.
 Carr, Wm., 375 Park ave.
 Carrabine, Oscar, 542 Fifth ave.
 Chambers, Frank Leslie, 461 Lenox av.
 Chase, O. J., Jr., 17 E. 38th st.
 Chayes, H. E. S., 100 W. 59th st.
 Cherry, Louis A., 231 Second ave.
 Chicerio, F. A., 235 W. 129th st.
 Church, Aaron, 226 Henry st.
 Clayton, Walter H., 423 W. 120th st.
 †Clayton, Wiltshire C., 423 W. 120th st.
 Cloney, Thomas F., 130 W. 70th st.
 Cloud, Agnes D., 449 W. 23d st.
 Cohen, Abraham, 347 Fifth ave.
 Cohen, Bernhard, 315 Fifth ave.
 Cohen, Milton, 1967 Seventh ave.
 Colborne, James H., 237 W. 107th st.
 Colburn, M. L., 600 W. 157th st.
 Colburn, Walter H., 753 Fifth ave.
 Cole, C. Monford, 616 Madison ave.
 Cole, Frank C., 59 W. 46th st.
 Cole, J. P., Dobbs Ferry, N. Y.
 Collins, Martin L., 2001 Fifth ave.
 Concklin, Edward F., 44 E. 64th st.
 Cone, A. Lambert, 116 W. 59th st.
 Converse, J. S., 42 W. 40th st.
 Conzelman, Theo., 1042 St. Nicholas ave.
 Cordes, Henry A., 72 Trinity Place.
 Cotton, Waite A., 240 W. 74th st.
 Cowles, Ward H., 1993 Boston road.
 Cravens, J. E., 24 E. 10th st.
 Crilley, Ellsworth T., 1328 Broadway.
 Crookshank, F. A., 167 W. 71st st.
 Cudlipp, Edwin, 167 W. 71st st.
 Currie, Alex. W., 40 E. 41st st.
 Dailey, Wilber M., 19 E. 69th st.
 Davenport, F. N., 33 W. 42d st.
 Davenport, R. M., 51 W. 47th st.
 Davenport, Sebert E., 51 W. 47th st.
 †Davenport, Sebert E., Jr., 51 W. 47th st.
 Deane, Harry T., 616 Madison ave.
 Deane, Wm. C., 616 Madison ave.
 Degenhardt, M., 230 W. 97th st.
 Degenhardt, William F., 1125 Lexington ave.
 †Delaney, John T., 1378 Lexington ave.
 †Demetrius, M., 47 W. 37th st.
 Deschler, George L., 576 Fifth ave.
 De Sola, S., 333 Central Park West.
 De Wolfe, Edward R., 1730 Broadway.
 Dickinson, J. W., 542 Fifth ave.
 Dills, Wm. B., 33 W. 42d st.
 Dingman, Florence, 167 W. 71st st.
 Dixon, Edward H., 40 E. 41st st.
 Donohoe, Margaret, 140 W. 57th st.
 Doskow, Samuel, 452 Fifth ave.
 Dove, Percy E., 1597 Boston road.
 Doxtater, L. W., 675 Madison ave.
 Draper, Wm. H., 11 E. 48th st.
 †Dunning, H. S., 14 E. 80th st.

- Dunning, Wm. B., 140 W. 57th st.
 Durschang, A. C., 321 E. 17th st.
 Eakin, Stanley H., 18 E. 41st st.
 †Ecker, Henry Richard, 81 W. 103d st.
 Ecker, M., 147 Fourth ave.
 Eddy, G. M., 618 Fifth ave.
 Edelstein, F. J., 576 Fifth ave.
 Elster, Robert E., 527 Fifth ave.
 Emerson, C. H., 167 W. 71st st.
 Engel, Benjamin, 1129 Tiffany st.
 Englander, Henry, 501 W. 113th st.
 Epstein, Michael, 15 W. 44th st.
 Erganian, J. K., 175 Fifth ave.
 †Ettinger, Nat., 121 St. Nicholas ave.
 Evans, Harry P., 44 E. 64th st.
 Evans, George, 55 W. 39th st.
 Evans, George, Jr., 55 W. 39th st.
 Fairchild, Beatrice, 167 W. 71st st.
 †Feingold, Charles H., 1004 Fox st.
 †Feldman, Bennett A., 601 W. 136th st.
 Feldman, M. Hillel, 616 Madison ave.
 Ferguson, H. W., 644 W. 204th st.
 Ferris, Henry C., 104 E. 40th st.
 Finan, Austin L., 167 W. 71st st.
 †Finan, William J., 206 W. 86th st.
 †Finnegan, Frederick L., 560 Fifth ave.
 Fischer, Edward W., 202 W. 74th st.
 Fischer, Harold, 79 W. 119th st.
 Fisher, Wm. C., 501 Fifth ave.
 †Fletcher, Cecil Gray, 174 N. Fulton ave., Mt.
 Vernon, N. Y.
 Fletcher, C. R., 167 W. 71st st.
 Force, Willard B., 576 Fifth ave.
 Forstein, D. R., 575 W. 175th st.
 Forsythe, Harry H., 859 Seventh ave.
 Fossume, Finn S., 616 Madison ave.
 Fournier, George A., 124 W. 72d st.
 Fox, Edward, 252 W. 79th st.
 Franken, Sigmund W., 36 E. 40th st.
 Freedman, Anna G., 275 Central Park West.
 Freeman Samuel L., 166 W. 72d st.
 Freund, J. F., 576 Fifth ave.
 Freundlich, David B., 527 Fifth ave.
 Friedman, Elias S., 128 E. 86th st.
 Fulton, John G., 116 W. 59th st.
 Gallagher, Lawrence W., 501 W. 142d st.
 GaNun, Gordon M., 1400 Jessup ave.
 Ganz, Abraham, 64 E. 7th st.
 Gardner, Walter H., 597 Fifth ave.
 Gates, Albert W., 167 W. 71st st.
 Getz, Forry R., 576 Fifth ave.
 Getzoff, Samuel M., 33 W. 42d st.
 Gibbs, John R., Jr., 57 W. 50th st.
 Gibson, Kasson C., 115 W. 77th st.
 Gies, Carl J., 315 E. 86th st.
 Gillett, Henry W., 140 W. 57th st.
 Gluck, Ernest, 116 W. 118th st.
 Glucksman, Alfred A., 671 E. 158th st.
 Gluck, William, 161 Avenue A.
 Goddard, F. R., 152 W. 57th st.
 Goldberg, Harry A., 2 W. 86th st.
 Goldstein, Alfred D., 120 W. 86th st.
 Gonzalez, Feliciano, 55 Irving place.
 Goode, Gladstone, 576 Fifth ave.
 Goss, F. W., 170 W. 123d st.
 Gottschaldt, Martin C., 40 E. 41st st.
 Grace, Thomas M., 8 W. 40th st.
 †Graf, William E., 1124 Jackson ave.
 Green, Leo, 44 E. 75th st.
 Greenbaum, Leo, 741 Fifth ave.
 Greenberg, Jonas S., 141 W. 110th st.
 Greenberg, Myron, 958 Prospect ave.
 †Greenwood, Clinton M., 45 Ashford st.,
 Brooklyn, N. Y.
 Grega, John, Jr., 323 E. 86th st.
 Griffin, Francis D., 164 W. 73d st.
 Grunewald, Bernhard C., 11 Broadway.
 Gudewell, R. H. E., 30 W. 59th st.
 Gunn, Andrew H., 40 E. 41st st.
 Gunton, Leonard M., 40 E. 41st st.
 Guthrie, Percy H., 170 Broadway.
 Haas, Arthur, 8 W. 40th st.
 Hahn, Morton S., 2778 Decatur ave.
 Haigh, Herbert, 329 Amsterdam ave.
 Halgren, Charles C., 915 Seventh ave.
 Hammer, H. F., 69 E. 55th st.
 Hargett, Arthur V., 2016 Seventh ave.
 Harlan, Edwin W., 35 W. 39th st.
 Hart, Harriette, 150 W. 106th st.
 Hart, M. P., 33 W. 42d st.
 Hartman, Wm. N., 167 W. 71st st.
 Harvitt, Joseph, 214 E. Broadway.
 Hasbrouck, Jas. F., 40 E. 41st st.
 Hasbrouck, J. Roswell, 171 W. 71st st.
 Hassell, Samuel W., 118 W. 71st st.
 Hatton, Thomas M., 200 Broadway.
 †Hawthorne, William, 140 W. 42d st.
 †Hazen, Bryant E., 1507 Aeolian Hall.
 †Heckard, Wm. A., 50 E. 42d st.
 Heckler, Maxwell Arnold, 323 E. 86th st.
 Heinzer, Edward A., Amsterdam ave. and
 99th st.
 †Heitmann, F. A., 40 E. 41st st.
 Heller, Chas. A., 165 E. 116th st.
 Hellman, Milo, 40 E. 41st st.
 Herbert, Wm. C., Katonah, New York.
 Herbst, Louis, 142 W. 71st st.
 Herbst, Max, 4 New Chambers st.

- Hermans, James, 167 W. 71st st.
 Herzog, J. R., 54 E. 93d st.
 Hess, Samuel, 818 Lexington ave.
 Hill, D. A., 1295 Fulton ave.
 Jills, Wm. B., 307 E. 18th st.
 Hirschfeld, Isador, 17 W. 42d st.
 †Hlavac, Chas. W., 240 E. 69th st.
 Hoag, William J., 24 E. 48th st.
 Hobby, G. W., 167 W. 71st st.
 Hoblitzell, C. M., 431 Convent ave.
 Holbridge, P. A., 157 W. 79th st.
 Hollingshead, Willard J., 46 W. 51st st.
 Holz, George G., 2333 Creston ave.
 Homburger, L. M., 101 W. 80th st.
 Horn, Benjamin, 1361 Madison ave.
 Houston, H. C., 69 Sixth ave.
 Howe, Frank Morgan, 113 E. 60th st.
 Howels, Edward W., 19 W. 44th st.
 Hughes, Austin V., 133 E. 43d st.
 Hull, Geo. A., 123 W. 73d st.
 Husch, Sylvester B., 67 W. 12th st.
 Hussa, Philip, 8 W. 40th st.
 Hutchinson, R. G., Jr., 8 W. 40th st.
 Igel, Victor, 420 Albemarle road, Brooklyn.
 Ireland, Alice J., 44 W. 47th st.
 †Irving, Wm. W., 40 E. 41st st.
 Jackson, Victor H., 40 E. 41st st.
 Jackson, Walter M., 357 W. 116th st.
 Jenkins, G. R., 40 E. 41st st.
 †Jennings, Willoughby M., 616 Madison ave.
 Jernigan, Geo. F., 61 W. 56th st.
 Jones, Lawrence H., 2 Wall st.
 Kaemmerer, Henry A., 1130 Fox st.
 Kaplan, Emanuel M., 136 Liberty st.
 Karmiohl, Jacob, 340 E. 72d st.
 Kauffer, H. J., 112 W. 72d st.
 Kaufman, John L., 1723 Madison ave.
 Kauffman, Jos. H., 601 W. 177th st.
 Keith, Ross H., 185 Madison ave.
 Kelley, Frank J., 576 Fifth ave.
 Kelly, O. R., 200 W. 72d st.
 Kelsey, Ernest A., 2001 Fifth ave.
 Kemple, Frederick C., 576 Fifth ave.
 Kennard, Louis W., 542 Fifth ave.
 Kennedy, Clement D., 119 E. 60th st.
 Kennedy, Edward, 347 Fifth ave.
 Kessler, Samuel J., 2880 Broadway.
 Kimball, C. Denney, 104 E. 40th st.
 Kirschner, B. W., 133 W. 72d st.
 Knecht, Wm. D., 40 E. 41st st.
 Knorr, Roy S., 720 W. 180th st.
 Koch, Emma, 1440 Longfellow ave.
 Kohn, Alfred L., 341 Madison ave.
 Kopelman, Isidor M., 1172 Vyse ave.
 Kossow, Leo, 1318 Stebbins ave.
 Krows, Earl, 126 W. 126th st.
 Kreisler, David, 133 W. 72d st.
 Kyle, James Orr, 167 W. 71st st.
 †Landsman, William, 815 E. 168th st.
 †Lane, O'Gorman John, 12th N. Y. Infantry,
 Spartansburg, S. C.
 Lang, Joseph, 116 W. 59th st.
 La Roche, Montgomery, 704 Madison ave.
 †Larson, N. Henry, U. S. Service.
 Lazarnick, Louis L., 575 West End ave.
 Lederer, Wm. J., 150 E. 74th st.
 LeFevre, C. R., 102 W. 75th st.
 Leggett, Geo. H., 133 W. 123d st.
 Leight, Hyman, 30 E. 3d st.
 †Lekowski, Victor, 133 W. 72d st.
 LeRoy, Louis C., 38 W. 50th st.
 Lester, Wm. B., Park Row Building.
 Levene, Benjamin L., 161 W. 86th st.
 Levy, Joseph M., 28 W. 89th st.
 Levy, Joseph, 128 W. 118th st.
 Liebwich, Charles H., 73 W. 116th st.
 †Lief, Nathaniel, 320 Fifth ave.
 Lief, J. O., 320 Fifth ave.
 Lindsay, Elmer A., 36 E. 40th st.
 Lindsay, Harley B., 40 E. 41st st.
 Linion, Chas. C., 40 E. 41st st.
 †Lippman, Louis B., 1287 Franklin ave.
 Litten, Arthur S., 140 W. 69th st.
 Lowenstein, Julius, 971 Second ave.
 Lowenstein, M. S., 302 Central Park West.
 †Lyke, J. Clinton, 219 W. 86th st.
 Lyke, J. Hyatt, 219 W. 86th st.
 McCaffrey, F. S., 140 W. 42d st.
 McClure, Charles J., 1476 Broadway.
 †McCroskery, Willis R., care H. Lexon,
 Englewood, N. J.
 McGrath, S. W., 321 E. 17th st.
 McKenzie, James, Jr., 57 W. 84th st.
 McLaren, Francis J., 500 Fifth ave.
 McNaughton, Stuart H., 63 W. 49th st.
 McNeille, Chas. S., 500 Fifth ave.
 McNeille, Perry R., 500 Fifth ave.
 †MacDonald, C. Franklin, 140 W. 57th st.
 Macdonald, Wm. D., 576 Fifth ave.
 Madsen, M. P., 201 W. 94th st.
 Maller, J. William, 303 E. 161st st.
 Malevanchik, Max, 38 Park Row.
 †Mandelbaum, C. B., 1871 Seventh ave.
 Mann, Joseph, 33 W. 42d st.
 Manney, G. A., 51 E. 42d st.
 Mantler, Robert, 400 E. 72d st.
 Manville, Geo. P., 576 Fifth ave.
 †Manville, H. H., 576 Fifth ave.

- Marco, B. Barrymore, Hotel Ansonia.
 Maret, David A., 146 Henry st.
 Marks Cecil H., 2050 Amsterdam ave.
 Mattes, Otto, 241 W. 14th st.
 Mateson, George E., 150 W. 104th st.
 Meeker, John B., 323 W. 89th st.
 Mehlig, Carl F. C., 527 Fifth ave.
 Merker, Melvin E., 37 W. 39th st.
 Merritt, Arthur H., 59 W. 46th st.
 Mestel, Morris, 24 Avenue A.
 Metzger, Otto I., 135 Central Park West.
 Meyer, John H., 167 W. 71st st.
 †Millard, Joseph J., 40 E. 41st st.
 Miller, Arthur, 8 W. 40th st.
 Miller, Raymond S., Aeolian Hall.
 Minner, Edmund E., 144 W. 92d st.
 Minzesheimer, F. G., 140 E. 61st st.
 Mishnun, Harry, 601 W. 137th st.
 Mitchell, B. J., 3989 White Plains ave.
 †Mitchell, M. M., 1239 Theriot ave.
 Mitchell, Vethake E., 17 E. 38th st.
 Mobley, Lewis K., 471 Park ave.
 Monroe, Thomas H., 437 Fifth ave.
 Moolten, Raphael J., 35 W. 42d st.
 Mork, Waldo H., 1882 Grand Concourse,
 Bronx.
 Moss, Michael L., 1239 Madison ave.
 †Muenzer, Henry, 323 E. 86th st.
 Nash, Benj. C., 140 W. 57th st.
 Nash, Louis, 15 Columbus Circle.
 Neuwirth, Louis, 133 W. 72d st.
 Newcomb, Samuel G., 560 Fifth ave.
 Newgarden, Charles, 562 W. 162d st.
 Nickerson, Ernest W., 101 W. 72d st.
 Nies, Edwin W., 503 W. 149th st.
 Niles, F. B., 2139 Seventh ave.
 Noll, David Henderson, 33 W. 42d st.
 Noll, Joseph A., 501 W. 138th st.
 Northrop, H. W., 546 Fifth ave.
 †Nyce, Justin Ellis, 33 W. 42d st.
 O'Byrne, Edward J., 420 West End ave.
 Oeder, Andrew H., 631 E. 168th st.
 †Oeder, Lambert R., 40 E. 41st st.
 Ogen, Harry B., 130 W. 57th st.
 Ordman, Max J., 680 West End ave.
 Ottolengui, R., 80 W. 40th st.
 Ovary, Francis, 321 E. 68th st.
 Palitz, Albert, 131 W. 110th st.
 Palmer, Bissell B., 220 W. 98th st.
 †Palmer, Bissell B., Jr., 40 E. 41st st.
 Palmer, Corydon, 133 W. 72d st.
 Palmer, Delos, 25 Clermont ave.
 Palmer, Geo. B., 40 E. 41st st.
 Parker, Harold J., 24 E. 48th st.
 Parker, Horace J., 104 E. 40th st.
 Patestides, P. M., 47 W. 39th st.
 Pease, J. Grant, 61 W. 74th st.
 †Pemberton, Harold W., 1101 Lexington ave.
 Perez, José G., 315 Fifth ave.
 Perkins, Bertram R., 40 E. 41st st.
 †Perlman, M. Robert, 1567 Fulton ave.
 Peters, August L., 125 E. 64th st.
 Peters, Henry H., 260 W. 72d st.
 †Peters, John L., 133 W. 72d st.
 Phillips, Henry H., 1722 Aeolian Hall.
 Polhamus, Agnes I., 98 Morningside ave.
 Pollinger, Nathaniel L., 200 W. 109th st.
 Potter, Howard M., 413 W. 146th st.
 Pratt, Frederick W., 46 W. 51st st.
 Prensky, William S., 507 Fifth ave.
 Prentiss, Elias B., 130 W. 57th st.
 Press, I. A., 576 Fifth ave.
 Rabell, Chas. Francis, 40 E. 41st st.
 Rafkin, Maurice, 1801 Seventh ave.
 Randolph, W. F., 1328 Broadway.
 Ranhofer, Edward J., 65 W. 70th st.
 Rathfelder, G. C., 300 W. 107th st.
 †Raymond, E. H., Jr., 542 Fifth ave.
 Ream, Frederick K., 1514 Aeolian Hall.
 Reed, J. Howard, 33 W. 42d st.
 †Reed, James Howard, Aeolian Hall.
 Refsum, Joseph, 832 Lexington ave.
 Reiss, Herman Leif, 895 West End ave.
 Reitz, Ralph B., 576 Fifth ave.
 Remy, Frank, 253 W. 58th st.
 Requa, J. Eugene, 616 Madison ave.
 Rettich, Hugo, 52 W. 68th st.
 †Rhein, M. L., 38 E. 61st st.
 Ribble, Roy D., 3801 Woolworth Bldg.
 Riblet, E. Briggs, 351 W. 145th st.
 Rice, Geo. E., 24 E. 48th st.
 Richardson, C. C., 292 W. 92d st.
 Riggs, Wm. D., 24 E. 48th st.
 Robinson, Edwin S., 28 W. 39th st.
 Robinson, Frank A., 11 Broadway.
 Robinson, Leslie V., 40 E. 41st st.
 Root, John C., 24 E. 48th st.
 Ros, Osvaldo, 452 Fifth ave.
 Rosalsky, Harry W., 230 W. 97th st.
 Rosenbaum, Wm., 219 W. 86th st.
 Rosenberg, L. H., 75 Fort Washington ave.
 Ross, David, 200 Fifth ave.
 Rothkranz, W. C., 30 E. 42d st.
 Rouse, Arthur G., 576 Fifth ave.
 Rouse, A. G., Jr., 576 Fifth ave.
 Roy, Frank Austin, 527 Fifth ave.
 †Roy, Harold E., 527 Fifth ave.
 Rubricius, Frank I., 212 E. 72d st.

- Rubsam, C. William, 140 W. 57th st.
 Rudy, L. Neal, 503 W. 121st st.
 Ruyl, J. P., 40 E. 41st st.
 Ryan, E. P. R., 452 Fifth ave.
 Ryan, T. J., 511 Fifth ave.
 Ryan, W. V., 452 Fifth ave.
 Salomon, Samuel H., 1022 Trinity ave.
 Salsbury, Henry L., 120 W. 86th st.
 †Salvatore, Victor P., 582 Second st., Brooklyn.
 San, Henry, 17 E. 38th st.
 †Schafer, M. B., 866 Third ave.
 Schamberg, Morris I., 550 Park ave.
 Schattman, Sidney, 565 W. 162d st.
 Schiff, Wm. G., 231 W. 125th st.
 Schilke, Walter, 27 Dean st., Englewood, N. J.
 Schnaper, Samuel, 860 Lexington ave.
 Schneer, Jacob B., 308 E. 15th st.
 Scholz, Henry G., 735 Lexington ave.
 Schreiner, Albert L., 542 Fifth ave.
 Schwaid, David W., 357 W. 116th st.
 Schwamm, Henry, 174 E. 74th st.
 Schwartz, Frederick J., 261 W. 21st st.
 Scobey, Harry C., 116 W. 59th st.
 Seudder, Chas., 17 E. 38th st.
 Senior, Eugene, 333 Central Park West.
 Shaw, Geo. M., 40 E. 41st st.
 Sheckier, Samuel J., 1849 Madison ave.
 Sherry, Ernest, 301 W. 109th st.
 Shields, Nelson T., 61 W. 56th st.
 †Shields, Nelson T., Jr., 61 W. 56th st.
 †Shields, S. B., 61 W. 56th st.
 Shiffman, Louis, 84 W. 115th st.
 Short, Wm. B., 52 Vanderbilt ave.
 Simon, Samuel, 794 Lexington ave.
 Sinnigen, Walter C., 542 Fifth ave.
 Skalmier, M., 124 E. 95th st.
 Skidmore, J. L., 8 W. 40th st.
 Small, P. L., 738 Lexington ave.
 Smith, Edward C., 17 E. 38th st.
 Smith, Fred E., 576 Fifth ave.
 Smith, Karl C., 576 Fifth ave.
 Snider, Edward E., 1 W. 127th st.
 Sohn, Maxwell M., 1283 Madison ave.
 Solow, L. J., 33 W. 42d st.
 †Sommerfeld, George J., 322 E. 67th st.
 Spenadel, Henry, 317 E. 10th st.
 Spenadel, Irving, 317 E. 10th st.
 Spencer, H. W., 437 Fifth ave.
 Spengeman, Percy G., 400 W. 152d st.
 Spring, Wm. A., 8 W. 40th st.
 †Stahl, Harvey E., 21 Davis st., New Rochelle.
 Stanton, Fred'k L., 28 W. 39th st.
 Stark, A. Burton, 505 Fifth ave.
 †Starke, George G., 448 E. Tremont ave.
 Starr, Alfred Russell, 8 W. 40th st.
 Steeves, S. A., 33 W. 42d st.
 †Steffens, Chas., 133 W. 72d st.
 Stierer, Harry L., 350 Willis ave.
 Stein, Gustave R., 144 W. 123d st.
 Stern, Henry G., 3671 Broadway.
 †Stern, Leo, 924 West End ave.
 Stern, Maurice M., 551 W. 157th st.
 Stewart, James, 167 W. 71st st.
 Stewart, Howard T., 104 E. 40th st.
 Stier, Julius J., 226 W. 78th st.
 Stillman, Paul R., 52 Vanderbilt ave.
 Stoney, Arthur C., 515 Madison ave.
 Strance, A. G., 315 Central Park West.
 Strauss, Milton A., 3565 Broadway.
 Strohmeier, Joseph J., 167 W. 71st st.
 Strohmeier, Walter, 167 W. 71st st.
 Strong, Irving E., 1059 Tinton ave.
 Sutherland, Arnold H., 28 W. 39th st.
 Swanson, F. J., 753 Fifth ave.
 Sweetser, R. W., 18 W. 34th st.
 Swift, Arthur L., 140 W. 57th st.
 Swift, Thomas, 1 Park ave., Mt. Vernon.
 Sylla, E. W., 597 Fifth ave.
 Taggart, Robert W., 330 Alexander ave.
 Taylor, C. S., 102 W. 93d st.
 Taylor, Herbert W., 58 W. 50th st.
 Taylor, J. Ostram, 576 Fifth ave.
 Terrell, Geo. B., 40 E. 41st st.
 Theaman, Herman, 576 Fifth ave.
 Thielman, H. J., 156 W. 86th st.
 Thomas, J. D. V., 1 W. 34th st.
 Thompson, Daniel B., 133 W. 72d st.
 †Throop, Harold M., 1384 Lexington ave.
 Tillman, E. C., 219 W. 86th st.
 Tomlinson, Edward S., 40 E. 41st st.
 Tooley, Francis L., 157 E. 79th st.
 Tousey, Sinclair, 850 Seventh ave.
 Tracy, Martin C., 46 W. 51st st.
 Tracy, Wm. Dwight, 46 W. 51st st.
 Trattner, Henry, 171 E. 81st st.
 Turcot, T. G., 546 Fifth ave.
 Turner, Charles P., 998 Ogden st.
 Turner, Frederick C., 505 Fifth ave.
 Turner, W. J., 19 W. 54th st.
 Tyrrell, Wm. Bell, 521 W. 111th st.
 Urban, Otto, 254 W. 44th st.
 Vandervoort, J. C., 347 Fifth ave.
 Van Saun, S. W., 250 W. 74th st.
 Van Winkle, W. T., 140 W. 58th st.
 Vaughan, Harold S., 471 Park ave.
 Vaughan, Ray G., 24 E. 48th st.
 Veith, James H., 924 West End ave.
 Vetter, Charles, 2 W. 88th st.
 Vuilleumier, J. A., 104 E. 40th st.
 Waddell, R. W., 347 Fifth ave.

Wakerly, Fred F., 2 Wall st.
 Wald, Armin, 323 E. 86th st.
 Walker, Alfred S., 38 W. 59th st.
 Walker, Wm. Wallace, 58 W. 50th st.
 Wardwell, Claison S., 576 Fifth ave.
 Watson, John Russell, 576 Fifth ave.
 Waugh, Leuman M., 576 Fifth ave.
 Wayman, Leon H., 2122 Hughes ave.
 Webster, William Lloyd, 101 W. 78th st.
 Wehrenberg, W. D., 133 W. 72d st.
 Weinberger, B. W., 40 E. 41st st.
 Weinberger, J. M., 153 E. 79th st.
 Weld, Geo. W., 16 E. 23d st.
 Weller, Franklin B., 239 W. 103d st.
 Westbay, Henry E., 219 W. 71st st.
 Wheeler, C. W. B., 17 E. 38th st.
 †Wheeler, Herbert L., 560 Fifth ave.
 Wheeler, Isaiah N., 60 W. 51st st.
 White, John E., 1328 Broadway.
 Whitlock, W. Melvin, 11 E. 48th st.

Whitney, Edward P., 54 W. 48th st.
 Willenbrock, Berthold D., 145 E. 89th st.
 Willcox, Harry, 516 Fifth ave.
 Williams, N. W., 3800 Broadway.
 Williams, Percy N., 8 W. 40th st.
 Willis, Geo. P., 949 Lexington ave.
 Wilson, D. R., 19 E. 69th st.
 Wilson, George A., 33 W. 42d st.
 †Wilson, Lawton H., 576 Fifth ave.
 Witt, William, 1090 St. Nicholas ave.
 Woods, Carleton W., 576 Fifth ave.
 Wolff, Alexander, 141 E. 34th st.
 Wollison, R. M., 576 Fifth ave.
 †Wynn, J. Frank, Norwalk, Conn.
 Wyant, William M., 201 W. 55th st.
 Young, J. Lowe, 576 Fifth ave.
 Ziegler, Armand C. R., 1021 Nelson ave.
 Zentler, Arthur, 8 W. 40th st.
 Zimmerman, G. H., 167 W. 93d st.
 Zweig, Jacob, 115 W. 119th st.

HONORARY MEMBERS.

Ainsworth, George C., Boston, Mass.
 Andrews, Prof. R. R., Cambridge, Mass.
 Berens, T. Passmore, New York City.
 Black, G. V., Chicago, Ill.
 Breneman, A. A., New York City.
 Brophy, Truman W., Chicago, Ill.
 Bryan, L. C., Basel, Switzerland.
 Bryant, William S., New York City.
 Case, Calvin S., Chicago, Ill.
 Croll, W. L., London, England.
 Cryer, M. H., Philadelphia, Pa.
 Darby, Edwin T., Philadelphia, Pa.
 Davenport, I. B., Paris, France.
 Delevan, D. Bryson, New York City.
 Elliott, W. St. George, New York City.
 Gaylord, Edward S., New Haven, Conn.
 Gies, Prof. William J., New York City.
 Goadby, Kenneth Weldon, London, England.
 Godon, Charles, Paris, France.
 Goslee, Hart J., Chicago, Ill.
 Grevers, John E., Utrecht, Holland.
 Gysi, Alfred, Zurich, Switzerland.
 Harmstad, Frank C., Jersey City, N. J.
 Harvey, L. F., Buffalo, N. Y.

Hatch, Henry D., Temple, Maine.
 Head, Joseph, Philadelphia, Pa.
 Herbst, Wilhelm, Bremen, Germany.
 Jarvie, William, Montclair, N. J.
 Kimball, Charles Otis, New York City.
 Kirk, Edward C., Philadelphia, Pa.
 Lewis, F. Parke, Buffalo, N. Y.
 Lloyd-Williams, E., London, England.
 McManus, James, Hartford, Conn.
 McQuillen, Daniel Neill, Philadelphia, Pa.
 Marshall, John S., care Surgeon-Gen. Office,
 Washington, D. C.
 Morton, William J., New York City.
 Newton, Richard C., Montclair, N. J.
 Osborn, Prof. H. F., New York City.
 Phillips, Wendell C., New York City.
 Pullen, H. A., Buffalo, N. Y.
 Taggart, William H., Chicago, Ill.
 Tomes, Charles S., London, England.
 Waite, W. H., Liverpool, England.
 Williams, J. Leon, London, England.
 Wilson, Frederick N., New York City.
 Wortman, Prof. J. L., New Haven, Conn.
 Younger, William J., Paris, France.

LIFE MEMBERS.

Angle, Edward H., Pasadena, Cal.
 Brunton, George Leeds, England.
 Dahlgren, B. E., Chicago, Ill.
 Eddy, Forest G., Providence, R. I.
 Frick, Theodore, Zurich, Switzerland.
 Hugenschmidt, A. C., Paris, France.

Smale, Morton, London, England.
 Smith, B. Holly, Baltimore, Md.
 Taylor, James W., New York City.
 Taylor, L. C., Hartford, Conn.
 Trueman, Wm. H., Germantown, Pa.
 Watson, Milton T., Detroit, Mich.

Second District.

THE annual meeting of the Second District Dental Society of the State of New York was held April 8, 1918, and the following persons were elected officers for the ensuing year:

President—Edwin A. Holbrook.

Vice-president—G. W. Gardner.

Recording Secretary—Joseph A. Burgun.

Corresponding Secretary—C. B. Whitcomb.

Treasurer—C. A. Gomer.

Librarian—T. A. Quinlan.

Respectfully submitted,

JOS. A. BURGUN, *Rec. Sec'y.*

ACTIVE MEMBERS.

(Resident in Brooklyn unless otherwise specified.)

- | | |
|--|--|
| Aaron, Irvin P., 1476 Pitkin ave. | Campbell, D. K., 436 Gold st. |
| Adams, F. R., 861 Manhattan ave. | Carpenter, D. K., 87 St. James Place. |
| Alexander, Albert A., 8504 22d ave. | Chambers, E. J. C., 42 Fourth ave. |
| Allen, C. C., 105 Clinton st. | Childs, Henry M., 67 Hanson Place. |
| Allen, N. H., 444 Franklin ave. | Clark, Charles M., 105 Montague st. |
| Allyn, F. L., Woodhaven, N. Y. | Clark, Robert H., 147 St. Mark's ave. |
| Amsterdam, Edward, 320 Throop ave. | Clark, Julian H., 478 57th st. |
| Arvine, F. B., 793 Lincoln Place. | Clark, W. P., 26 Seventh ave. |
| Atwood, Leon R., 125 Prospect Park, West. | Clasing, J. F. W., 283 President st. |
| Ayres, Herbert D., 171 Union st., Flushing,
N. Y. | Clayton, Furman, 469 Franklin ave. |
| Babcock, E. H., 140 Remsen st. | Cloe, Thomas C., 28 E. 28th st., N. Y. City. |
| Babcock, L. H., 2118 Beverly road. | Cook, Frank W., 44 Court st. |
| Bade, Henry, 136 Halsey st. | Cook, J. D., 81 Reid ave. |
| Barnes, F. D., 178 Stuyvesant ave. | Croscup, H. C., 327 Sterling Place. |
| Bauer, August F., 154 Nassau st., N. Y. City. | Crossman, Victor W., 136 Fort Greene Place. |
| Bauer, W. C., 1116 Bushwick ave. | Cuinet, L. A., 152 Henry st. |
| Beissel, William J., 1004 Broadway. | Cuneo, C. M., 590 E. 21st st. |
| Beissel, William J., Jr., 1004 Broadway. | Davis, George E., 1225 Bushwick ave. |
| Berendsohn, E. H., 204 Berkley Place. | Dawson, Edward B., 111 Reid ave. |
| Bermas, Milton J., 507 Fifth ave. | Dayton, C. R., 488 Nostrand ave. |
| Blumenthal, Emanuel, 1049 Manhattan ave. | Deale, L. F., Port Jefferson, L. I. |
| Boley, Jerome A., 11 Weirfield st. | Deale, W. H., Babylon, L. I. |
| Borker, H. E., 469 58th st. | DeBar, William, 260 Ovington ave. |
| Bornman, Carl F., 67 Hanson Place. | Desnoes, A. M., 488 Nostrand ave. |
| Boudin, Anna P., 477 E. 16th st. | Dills, W. B., 33 W. 42d st., New York City. |
| Boylhart, Frederick, 346 Carlton ave. | Douglass, George C., 540 Putnam ave. |
| Briggs, Edgar Zeh, 354 Ocean ave. | Dunlop, Charles H., 145 Halsey st. |
| Brosseau, Benjamin L., 663 St. John's Place. | Easley, Shirley H., 17 Covert st., Port Wash-
ington, N. Y. |
| Brown, Byron, 77 Hanson Place. | Edwards, LeRoy S., 110 S. Elliott Place. |
| Brown, Frederick P., 29 Willow st. | Engel, P. P., 10 Stuyvesant ave. |
| Brown, Harold Watkins, 110 S. Elliott st. | Engel, W. F., 10 Stuyvesant ave. |
| Brown, J. B., 80 Lafayette ave. | Entwistle, Frank, Lynbrook, L. I. |
| Brush, Roger C., Huntington, N. Y. | Ewald, Martha R., 1211 Avenue H. |
| Buchenholz, Ira, 258 Hart st. | Filler, Julius, 68 McKibben st. |
| Buckley, W. A., Liberty, N. Y. | Finney, J. H., 333 McDonough st. |
| Burgess, F. L., Huntington, N. Y. | Fischler, Bernard, 120 Reid ave. |
| Burgun, Joseph A., 184 Joralemon st. | Fischwenger, Henry, Sylvester ave. |
| Bush, C. A., 126 Hancock st. | Frazer, Wm. N., 184 McDonough st. |
| Bush, W. N., 183 Halsey st. | Fuchs, W. J., 199 Gates ave. |

Fuller, Z. P., 110 S. Elliott Place.
 Gardner, G. W., 184 Joralemon st.
 Gavin, Charles K., 1476 Broadway, N. Y. City.
 Gelson, J. Norbert, 282 Park Place.
 Gesell, Chas. L., Jr., 683 Flatbush ave.
 Gesell, Herbert R., 709 Manhattan ave.
 Gilchrist, H. C., Nyack, N. Y.
 Gilman, R. E., 350 Carlton ave.
 Glenzer, J. A., 593 Hancock st.
 Glover, B. W., 34 Clarkson st.
 Glover, Chas. B., 34 Clarkson st.
 Goldberger, M. M., 1932 Bergen st.
 Gomer, Chas. A., 770 Willoughby ave.
 Gortikov, Benjamin, 354 Scranton ave., Lynbrook, L. I.
 Gough, F. A., 184 Joralemon st.
 Gould, Horace P., 181 Joralemon st.
 Gray, Martin, 992 E. 15th st.
 Green, H. C., 228 Cumberland st.
 Greenberg, Abraham, 4721 Fourteenth ave.
 Griesmer, M. F., 364 McDonough st.
 Grunberg, Martin M., 126 Bainbridge st.
 Haas, H., 240 Covert st.
 Haley, J. F., 840 Herkimer st.
 Halpern, Barnett, Carona ave., Elmhurst, L. I.
 Halsey, W. E., 203 Jefferson ave.
 Hamlet, F. P., Hempstead, L. I.
 Hankinson, M. C., 201 Schermerhorn st.
 Harby, R. D., 835 Lincoln Place.
 Harvey, Harry E., Navy Yard.
 Held, John W., 826 Rogers ave.
 Heilig, S. E., 280 Flatbush ave.
 Herman, Leo, 4721 Twelfth ave.
 Hillyer, Ellison, 1143 Dean st.
 Hillyer, Kenneth, 1143 Dean st.
 Hirschman, H. S., 296 Richmond ave., Port Richmond, S. I.
 Hoch, B. L., 130 Reid ave.
 Hoch, Samuel, 130 Reid ave.
 Holbrook, E. A., 67 Hanson Place.
 Holch, Henry G., 155 Gates ave.
 Hollman, Edwin A., 488 Monroe st.
 Holmboe, Birger, 162 Montague st.
 Holmes, J. H., 107a Halsey st.
 Holzman, Mayer P., 1024 Bushwick ave.
 Hooker, Chas., 811 Putnam ave.
 Hopkins, S. P., 184 Joralemon st.
 Hummel, C. F., 184 Joralemon st.
 Hunter, Arthur M., 1 Madison ave., N. Y. C.
 Husch, Jacob, 269 Vernon ave.
 Huskinson, Ernest C., 1246 Pacific st.
 Hyatt, T. P., 576 Fifth ave., New York City.
 Jarvie, Wm., 150 Upper Mt. ave., Montclair, N. J.

Joffe, Maxwell S., 72 Manhattan ave.
 Johnson, A. S., 1203 Dean st.
 Johnston, Will H., 35 Fort Greene Place.
 Jones, C. C., 1449 Nostrand ave.
 Kaletsky, C. Myron, 297 Fulton st., Jamaica, L. I.
 Kalkbrenner, Carl E., 2421 Silver st.
 Keller, Wm. C., 125 S. Parson ave., Flushing, L. I.
 Keowen, S. S., 24 New York ave.
 Ketcham, F. S., 141 Hancock st.
 King, Horace W., 85 Main st., Flushing, L. I.
 Kleinman, Nathaniel W., 759 Greene ave.
 Knight, G. W., 28 Cambridge Place.
 Knox, John T., 184 Joralemon st.
 Kohn, Leonard, 184 Cornelia st.
 Koob, Arthur S., 401 Grove st.
 Koob, Joseph J., 401 Grove st.
 Kraemer, F. O., 225 Schermerhorn st.
 Kraemer, F. O., Jr., 225 Schermerhorn st.
 Kraft, August, 507 75th st.
 Kregeloh, H. A., 170 N. 6th st.
 LaBorne, Chas. H., 792 Nostrand ave.
 Lanchantin, E. F., 360-a 9th st.
 Lando, Samuel A., 27 Grand ave., Corona, N. Y.
 Lanig, Joseph, 1754 Fulton st.
 Lansing, A. O., Forest Hills, L. I.
 Lawrence, Augustin L., 85 Main st., Flushing, L. I.
 Lawrence, W. E., 1 Revere Place.
 Lehmann, E., 194 Ridgewood ave.
 Leonard, M. D., 30 Linden ave.
 Leonard, R. G., 30 Linden ave.
 Leprohon, J. B., 105 Quincy st.
 Lewis, J. M., 50 Lenox road.
 Lewis, Warrington G., 184 Joralemon st.
 Lief, J. F., 349 Vernon ave.
 Lienau, R. C., 137 Bainbridge st.
 Long, Orville S., 33 W. 42d st., N. Y. City.
 Lundgren, C. J., 1241 Broadway.
 McDonald, C. F., 154 Clinton st.
 Machat, B. B., 8679 20th ave.
 Magruder, R. B. L., 516 Nostrand ave.
 Malcolm, James A., Oyster Bay, N. Y.
 Mann, John, Bay Shore, N. Y.
 Mapp, C. J., 44 Court st.
 Marshall, E. W., 14 Seventh ave.
 Mattens, Wm. G., 131 Rutland road.
 Master, C. M., 125 S. Parsons ave., Flushing, N. Y.
 Matt, O. T., 696 Park Place.
 McAteer, J. L., 4430 18th ave.
 McAuliffe, Walter V., 76 Maple Court.

- McCaughley, Michael J., 429 Third st.
 McNeill, E. W., 65 St. Johns Place.
 Megaw, Elmer E., 1166 Dean st.
 Merwin, R. E., 796 Carroll st.
 Michnoff, S. J., Bay Shore, L. I.
 Miller, Frank Henry, 310 Cumberland st.
 Miller, F. H., 617 McDonough st.
 Miller, Irving U., 284 Henry st.
 Mogk, Wm. C., 223 St. Nicholas ave.
 Morris, Frank, 1279 Bedford ave.
 Morris, W. A., 657-a Macon st.
 Morrison, E. V., 67 Hanson Place.
 Moss, H. M., 327 Eastern Parkway.
 Muth, George H., 1124 Ocean ave.
 Naides, Benjamin, 1660 Union st.
 Neurohr, Ferdinand G., 519 Eighth ave.
 Nevin, Mendell, 6 Jerome st.
 Nevin, Sophie, 475 41st st.
 Newton, H. A., 149 Clinton st.
 Nies, Frederick H., 79 Hamilton ave.
 Nodine, A. M., 8 W. 40th st., New York City.
 Norcom, C. M., 1187 Bergen st.
 O'Brien, H. L., 104 Prospect Park West.
 O'Connell, M. F., Corona, N. Y.
 Orler, Harold, 44 Court st.
 Orr, C. W., 100 Hanson Place.
 Ottolengui, R., 80 W. 40th st., N. Y. City.
 Overton, Mordecai H., Patchogue, L. I.
 Paaswell, Benjamin, 907 St. Mark's ave.
 Parker, Clinton B., 154 Clinton st.
 Parker, DeWitt L., 178 State st.
 Parker, Douglas B., 154 Clinton st.
 Parker, V. F., 124 Montague st.
 Pensak, Julius, 1476 Pitkin ave.
 Pentz, Robert H., Stapleton, S. I.
 Peterson, J. O., 216 Bergen st.
 Peterson, Theodore O., 184 Joralemon st.
 Phillips, P. J., 129 S. Oxford st.
 Pines, Louis, 75 Bristol st.
 Pines, Morris, 1524 St. Mark's ave.
 Powell, J. K., Jr., 175 Hancock st.
 Provost, W. L., 80 Lafayette ave.
 Pyle, Douglas F., 174 Pierrepont st.
 Quackenbush, Frank, Northport, L. I.
 Quackenbush, Hattie W., 473 Washington ave.
 Quinlan, J. S., 76 Sixth ave.
 Quinlan, T. A., 463 Fulton st.
 Quinn, A. M., 16 Seventh ave.
 Ralph, Edward D., 40 Flushing ave., Jamaica, L. I.
 Rasi, Hazimeh S., 157 Clinton st.
 Reese, R. H., 103 Macon st.
 Riggs, W. C., 48 Gates ave.
 Ritt, Adolph, 1621 Pitkin ave.
 Robbins, R. B., Patchogue, L. I.
 Rogers, W. H., 506 Hancock st.
 Romer, J. A., 1689 Richmond Terrace, West New Brighton, S. I.
 Rosenthal, Adolph D., 248 Fulton ave., Hempstead, L. I.
 Roth, David W., St. George, S. I.
 Rothenberg, Max, 52 Thatford ave.
 Royce, F. C., 65 Greene ave.
 Rudolph, Herman C., 480 Jamaica ave., Astoria, L. I.
 Russell, J. W., 6 Plaza st.
 Ruyl, J. P., 18 Ashford st.
 Sachter, Henry G., 375 E. 15th st.
 Sanbern, Frank, 184 Joralemon st.
 Sanderson, R. H., 76 Rogers ave.
 Sandhusen, George, 298 Cumberland st.
 Sandiford, H. E., 73 St. Mark's ave.
 Seammon, H. L., Riverhead, L. I.
 Scheiman, Philip, Whitestone, L. I.
 Scheiner, Karl, 1829 Gates ave.
 Schmidt, J. A., 1195 Dean st.
 Schmidt, John Eibe, 1195 Dean st.
 Schmitt, Edgar W., 67 Hanson Place.
 Schreiber, George J., 758 Flushing ave.
 Schreiber, G. J., Jr., 758 Flushing ave.
 Schreiber, Milton, 130 Pennsylvania ave.
 Schumacher, Frank H., 1307 Bushwick ave.
 Schroeder, Florence, 326 Ninth st.
 Scofield, F. E., 87 Macon st.
 Scofield, W. L., Brewster, N. Y.
 Seaver, A. D., 134 Park Place.
 Sexton, E. K., 632 Throop ave.
 Seyfarth, G. E., 17 Palmetto st.
 Shanahan, T. E. J., 501 59th st.
 Shankroff, Louis, 343 Jefferson ave.
 Shapiro, Benjamin, 1468 Eastern Parkway.
 Shapiro, Benjamin D., 1808 Prospect Place.
 Shapiro, Jacob, 430 Stone ave.
 Shapiro, Simon, 1174 Eastern Parkway.
 Shea, Bernard F., 324 Stuyvesant ave.
 Shields, J. S., 585 Jefferson ave.
 Shnayerson, Samuel, 731 Hancock st.
 Sloman, John J., 731 Hancock st.
 Small, E. W., 1571 Broadway.
 Smith, Chas. E., Mincola, N. Y.
 Smith, Dwight L., Far Rockaway, L. I.
 Snyder, L. A., 108 S. Portland ave.
 Solomans, J. R., 200 Quincy st.
 Spatt, Moses, 424 Sackman st.
 Specht, Emil, 67 Hanson Place.
 Staats, George E., 718 Macon st.
 Steinbuch, Wm., 940 Bushwick ave.
 Sternhartz, Abraham, 1598 Pitkin ave.

Stevens, Henry P., 64 Court st.
 Stevenson, A. H., 576 Fifth ave., New York City.
 Stillman, E. E., 178 Prospect Park West.
 Stillman, J. C., 184 Joralemon st.
 Stoll, Victor, 597 Greene ave.
 Stoltze, V. A., 67 Hanson Place.
 Sullivan, J. E., 360 Tompkins ave.
 Sullivan, John J., 1 McDonough st.
 Sullivan, W. F., 60 Broadway, New York City.
 Sussman, Samuel, 134 Sumner ave.
 Toshack, E. W., 267 New York ave.
 Turner, Wm. J., 19 W. 54th st., New York City.
 Tuttle, J. H., Jr., 184 Joralemon st.
 Tuck, Wm. M., 484 Eighth st.
 Van Note, F. L., 512 Ocean ave.
 Van Orden, Chas. A., 144 Lawrence st.
 Van Woert, C. T., 21 W. 40th st., New York City.
 Van Woert, F. T., 21 W. 40th st., New York City.
 Voegtlen, P. G., 441 Ninth st.
 Walker, F. C., 309 State st.

Wallace, E. C., 50 Macon st.
 Warden, F. E., 242 McDonough st.
 Warren, Edward B., 11 Schenck ave.
 Washburn, E. P., 5606 Fifth ave.
 Webb, Thomas C., 5 McDonough st.
 Wells, Frances M., 8687 22d ave.
 Wells, George H., 931 E. 15th st.
 Wengorovius, W. R., 184 Joralemon st., New York City.
 Whaley, E. G., 35 W. 42d st.
 Whitcomb, C. B., 642 Park Place.
 White, G. W., 309 13th st.
 Wicks, J. V. P., 108 Fort Greene Place.
 William, Maurice, 699 Manhattan ave.
 Williams, Sidney T., Bayshore, L. I.
 Wilson, W. W., 485 Lafayette ave.
 Wolf, P. F., 1025 Bushwick ave.
 Wolkin, George, 241 Euclid ave.
 Wood, John, 235 Jefferson ave.
 Woodle, Jerome M., 1024 Halsey st.
 Wyckoff, J. R., 279 Madison st.
 Zametkin, Joel M., 101 Second Place.
 Zulauf, A. Frank, 1240 Dean st.

HONORARY MEMBERS.

Ash, Chas. F., 115 Broadway, N. Y. C.
 Goslee, H. J., 108 N. State st., Chicago, Ill.
 Hutchinson, R. G., Jr., 8 W. 40th st., N. Y. C.
 Jackson, V. H., 40 E. 41st st., N. Y. C.

Jenkins, N. S., Paris, France.
 Taggart, Wm. H., 538 Clark st., Chicago, Ill.
 Voelker, Chas. C., Evans Inst., Spruce st., Philadelphia.

LIFE MEMBERS.

Abbott, F. P., 33 Cambridge Place.
 Emerson, F. S., 832 Bedford ave.
 Holly, R. T., 155 Montague st.
 Houghton, O. E., 126 S. Oxford st.

Hull, P. L., Jamaica, N. Y.
 Parker, E. G., Goshen, N. Y.
 Ramsdell, W. M., Oxford, Chenango co., N. Y.
 Ripplier, E. T., 354 Ninth st.

Third District.

THE annual meeting of the Third District Dental Society of the State of New York was held April 16, 1918, and the following persons were elected officers for the ensuing year:

President—J. W. Canaday, Jr.
Vice-president—Geo. Caddick.
Recording Secretary—E. H. Gale.
Correspondent—F. L. McCormick.

Treasurer—P. S. Oakley.
Editor—D. K. McDonald.

The following were appointed to serve on State Society committees: Geo. Vanderpool (Legislative); J. H. Carter and W. Maby (Oral Hygiene).

Respectfully submitted,
 E. H. GALE, *Rec. Sec'y.*

ACTIVE MEMBERS.

† In the National service.

- Allen, C. E., 24 Dove st., Albany.
 Allen, R. G., Monticello.
 Ames, F. L., 64 Swan st., Albany.
 Amyot, B. E., 67 Remson st., Cohoes.
 Amyot, J. A., Kar Bldg., Cohoes.
 Appleton, G. N., 5 Ten Broeck st., Albany.
 Appleton, J. L., 522 Madison ave., Albany.
 Appleton, J. L., Jr., 522 Madison ave., Albany.
 Barlow, G. F., Hudson.
 Barrett, M. T., 1830 Fifth ave., Troy.
 Bates, W. C., 133 N. Pearl st., Albany.
 Behrens, H. J., Kingston.
 Bennett, E. A., 401 Main st., Catskill.
 Betts, F. S., Kingston.
 Bird, C. H., 59 Fourth st., Troy.
 Bishop, C. H., Kingston.
 Bean, W. E., Troy.
 Blatner, L. S., 346 State st., Albany.
 Boudrais, L., 257 Columbia st., Cohoes.
 Briggs, E. W., 1114 Madison ave., Albany.
 †Brown, M. E., Albany. (Base Hosp. No. 33.)
 Caddick, G. H., 53 Dove st., Albany.
 Canaday, J. W., 283 State st., Albany.
 Canaday, J. W., Jr., 283 State st., Albany.
 Cahill, A. T., Hoosick Falls.
 Carter, C. D., Kingston.
 Carter, J. H., 145 Mohawk st., Cohoes.
 Cragin, A. M., Kingston.
 Cragin, C. B., Kingston.
 Conkling, W. A., Catskill.
 Doyle, T. A., 157 Central ave., Albany.
 Ellis, R., 1913 Fifth ave., Troy.
 Englert, G. A., Catskill.
 Fallon, H. C., 812 River st., Troy.
 Fitzgerald, M. A., 99 N. Pearl st., Albany.
 Fitzsimmons, J. A., 87 Central ave., Albany.
 Gale, E. H., 90 State st., Albany.
 Gale, L. J., cor. Lark st. and Washington ave., Albany.
 Gallico, J. E., 40 Third st., Troy.
 Hartman, D. R., Liberty.
 Hawkins, F. F., 95 Fourth st., Troy.
 Hayner, F. B., Troy.
 Herbert, O. N., 37 Third st., Troy.
 Hudson, W. A., 94 Washington ave., Albany.
 Hurley, D. E., 80 Fourth st., Troy.
 James, L. R., Hudson.
 Jones, G., Jr., Watervliet.
 Kerwan, M. F., 31 Central ave., Albany.
 Kittell, H. G., 620 Second ave., Troy.
 Knapp, G. O., 31 Fourth st., Troy.
 Kunker, F. E., 824 Madison st., Albany.
 Le Blanc, P. A., 32 N. Pearl st., Albany.
 Levitas, S. T., Kingston.
 Losee, I., 22 Clinton ave., Albany.
 Lynam, H. D., 351 Broadway, Troy.
 McCarthy, W. E., 457 Broadway, Troy.
 McCormick, E. P., 95 N. Pearl st., Albany.
 McCormick, F. L., 46 Third st., Troy.
 McCormick, J. J., 453 Broadway, Troy.
 McDonald, D. K., 61 Columbia st., Albany.
 McKeon, F. J., 64 N. Pearl st., Albany.
 Maby, E. R., Mechanicsville.
 Mann, J., Middleburg.
 Meade, N. K., Delmar.
 Michael, R. C., Philmont.
 Michel, F. G., 52 N. Pearl st., Albany.
 Murphy, Alice, Hoosick Falls.
 Murphy, R. A., 34 Eagle st., Albany.
 †Myers, A., Albany. (Base hosp. No. 33.)
 Norton, A. J., 114 Market st., Saugerties.
 Oakley, P. S., 1647 Fifth ave., Troy.
 O'Brien, F. D., The Fort Frederick, Albany.
 Perras, E. A., 467 Fifth ave., Troy.
 †Reynolds, S. S., Amer. E. F., France.
 Rieger, A. B., 105 Mohawk st., Cohoes.
 †Robinson, A., Albany.
 Root, F. W., 25 Clinton ave., Albany.
 Rowe, M. L., 142 Washington ave., Albany.
 Rowley, H. S., 35 High st., Hoosick Falls.
 Scranton, S. A., Schoharie.
 Stevens, W. E., Windham.
 Sullivan, G. A., 18 Dove st., Albany.
 Vanderpool, G., 90 State st., Albany.
 Van Kirk, C. H., Ellenville.
 Van Loan, M., 82 Swan st., Albany.
 Van Vleck, C. K., 536 Warren st., Hudson.
 Vernon, L. E., Ellenville.
 Warren, W. A., 1569 First st., Watervliet.
 Weston, R. B., 355 State st., Albany.
 Whitbeck, T. H., 44 Eagle st., Albany.
 Wright, A. M., 4 St. Paul Place, Troy.

LIFE MEMBERS.

- Garvey, P. S., Hudson.
 Nelson, H. G., Troy.
 Young, E. J., Troy.

Fourth District.

THE annual meeting of the Fourth District Dental Society of the State of New York was held in January 1918, and the following persons were elected officers for the ensuing year:

President—H. V. Gregg.

Vice-president—R. C. Petrie.

Secretary—W. D. Rose.

Corresponding Secretary—A. G. Kinum.

Treasurer—O. J. Gross.

The following were appointed to serve on State Society committees: E. B. Rhinehart and R. H. Whitmyre (Legislative); S. A. Demorest and L. A. Timmerman (Oral Hygiene).

Respectfully submitted,

A. G. KINUM, *Corr. Sec'y*,

W. D. ROSE, *Sec'y*.

ACTIVE MEMBERS.

† In the National service.

Amyot, P. A., 525 State st., Schenectady.
 Barraclough, J., Hudson Falls.
 Barrett, A. Gardner, Granville.
 Betts, Geo. M., 166 Lafayette st., Schenectady.
 Boule, Isidore A., Plattsburg.
 Burns, Edward P., Glens Falls.
 Brown, Geo., Glens Falls.
 Butler, H. B., Ogdensburg.
 Callahan, Wm. C., Johnstown.
 Carpenter, B. F., White Hall.
 Clark, F. P., Mechanicsville.
 Coleman, S. C., Malone.
 Colgrove, W. H., Johnstown.
 Collins, J. H., Granville.
 Conner, W. L., Gouverneur.
 Cooney, T. S., 521 State st., Schenectady.
 Culliney, Niles M., Greenwich.
 Cunningham, A. J., Warrensburg.
 Day, F. C., Lake Placid.
 Dandey, Philip J., Amsterdam.
 Demorest, S. A., Glens Falls.
 Duignan, R. E., Gloversville.
 Embler, Ralph, Schenectady.
 Fielding, F. A., Glens Falls.
 Foote, Leon B., Saratoga.
 Foote, LeRoy, Saratoga.
 Foote, N. E., Whitehall.
 Foulds, T. H., Glens Falls.
 Gabler, L. C., 746 State st., Schenectady.
 Garrett, W. L., Glens Falls.
 Githins, W. L., Fort Edward.
 Goetz, St. Elmo, State and Clinton sts., Schenectady.
 Greenwald, Joseph, 316 Broadway, Schenectady.
 Gregg, H. B., 779 State st., Schenectady.

Grennan, F. T., 211 S. Center st., Schenectady.
 Haselo, F. W., 817 State st., Schenectady.
 Hastings, Jas. M., Saratoga.
 Haynen, A. H., Glens Falls.
 Hill, R. C., 613 Crane st., Schenectady.
 Hiney, G. H., Cambridge.
 Hodder, C. A., Canajoharie.
 Hogue, R. A., Plattsburg.
 Jackson, H. C., 241 State st., Schenectady.
 Keenholtz, Raymond, 1 Elm st., Schenectady.
 Kinum, A. G., 463 State st., Schenectady.
 Lord, C. N., 1005 State st., Schenectady.
 McCann, A. H., Glens Falls.
 †McCarthy, Frank P., 813 Union st., Schenectady.
 McGillicuddy, D. F., Glens Falls.
 McNulty, T. P., Gouverneur.
 Maby, Wm. A., Amsterdam.
 Maier, Paul, 1313 State st., Schenectady.
 Maloney, J. D., Hudson Falls.
 †Mead, Harold R., 600 Crane st., Schenectady.
 Moore, A. S., 152 Barrett st., Schenectady.
 Munroe, J. A., Saranac Lake.
 Newton, R. A., Messena.
 Oakley, W. J., Saranac Lake.
 Peck, Gordon C., Glens Falls.
 Petrie, R. C., Johnstown.
 Porter, R. N., Malone.
 Powers, N. C., Saratoga.
 Rhinehart, E. B., 617 Union st., Schenectady.
 Rich, A. C., Saratoga.
 Roberts, David S., Gloversville.
 Rohan, Leo W., Saratoga.
 Rose, W. D., 162 Lafayette st., Schenectady.
 Rose, W. S., 162 Lafayette st., Schenectady.
 Scott, R. J., Fort Henry.

Shannon, Geo. H., Cambridge.
 Shaw, E. D., Gloversville.
 Sitterly, A. T., 160 Lafayette st., Schenectady.
 Skinner, P. R., Amsterdam.
 Steer, H. G., Fort Plain.
 Stevenson, W. D., Plattsburg.
 Stewart, C. A., Rouse's Point.
 Stowitts, H. M., Amsterdam.
 Taylor, F. E., Malone.
 Tibbetts, W. H., Ballston Spa.
 Timerman, L. A., Fort Plain.
 †Timeson, Earl, 460 State st., Schenectady.

Van Alstyne, Earl Z., 434 Broadway, Schenectady.
 Van Wie, P. B., Canajoharie.
 Vaughan, H. E., Ogdensburg.
 Wark, J. F., Corinth.
 Webster, C. E., Gouverneur.
 †White, J. D., Amsterdam.
 Whitmyre, R. H., 606 Union st., Schenectady.
 Wilcox, F. T., 211 Nott Terrace, Schenectady.
 Wilson, W. H., Saranac Lake.
 Wolcott, C. H., 1 Elm st., Schenectady.
 Woolsey, Geo., Fonda.
 Wright, Frank, Ticonderoga.

HONORARY MEMBER.

J. S. Garrett, Glens Falls.

LIFE MEMBERS.

Doolittle, E., Schuylerville.
 Hawley, A. F., Waterford.

Hull, J. B., Schenectady.
 Rossiter, A. A., Saratoga.

Fifth District.

THE annual meeting of the Fifth District Dental Society of the State of New York was held April 13, 1918, and the following persons were elected officers for the ensuing year:

President—B. T. Mason.

Vice-president—L. W. Platner.

Recording Secretary—A. M. Lafayette.

Corresponding Secretary—F. W. Earle.

Treasurer—J. S. Hall.

Members of Executive Council—G. B. Beach (regular) and E. R. Webb (alternate).

The following was appointed to serve on a State Society committee: T. R. Cullen (Legislative).

Deceased: A. Retter, Utica, N. Y.

Respectfully submitted,

L. W. PLATNER, *Vice-president*.

ACTIVE MEMBERS.

† In the National service.

Armstrong, D. B., Watertown.
 Barker, W. A., 800 University Bldg., Syracuse.
 Barnes, C. H., 912 University Bldg., Syracuse.
 Barrett, J. J., 515 Union Bldg., Syracuse.
 Barry, R. W., E. 2d and Bridge sts., Oswego.
 Beach, G. B., 518 S. A. & K. Bldg., Syracuse.
 Benz, F. W., 622 O. C. S. Bank Bldg., Syracuse.
 Benz, J. C., 622 O. C. S. Bank Bldg., Syracuse.
 Benz, Norman T., 622 O. C. S. Bank Bldg., Syracuse.

Bickelhaupt, A. C., 4th Floor, City Bank Bldg., Syracuse.
 Billington, B. H., 2 Hendricks Blk., Syracuse.
 Box, J. F., Rome.
 Bradshaw, C. A., 402 S. Salina st., Syracuse.
 Brasted, G. H., Utica.
 Brooks, G. K., 520 Gurney Bldg., Syracuse.
 Butler, G. H., 715 University Bldg., Syracuse.
 Capron, W. B., Utica.
 Carroll, J. F., City Bank Bldg., Syracuse.
 Casler, R. F., Watertown.
 Cheney, H. A., Smith Bldg., Watertown.
 Clapp, H. M., Utica.

- Clifford, W. D., 427 N. Salina st., Syracuse.
 Coe, I. J., 718 S. A. & K. Bldg., Syracuse.
 Cole, G. H., Watertown.
 Cook, A. R., 815 University Bldg., Syracuse.
 Coxon, Rose, 409 Mayro Bldg., Utica.
 Craner, C. M., 902 University Bldg., Syracuse.
 Cullen, T. R., Oswego.
 Cummings, J. E., 513 O. C. S. Bank Bldg., Syracuse.
 Darrone, L. O., 710 Dillaye Mem. Bldg., Syracuse.
 †Davis, J. L., 304 Dillaye Mem. Bldg., Syracuse.
 Demmett, H. M., Ilion.
 Dower, J. H., University Bldg., Syracuse.
 Earl, Fred W., 2 Y. M. C. A. Bldg., Watertown.
 Eicholtz, R. W., 714 University Bldg., Syracuse.
 Engle, F. W., Liverpool.
 Eveleigh, E. J., 617 O. C. S. Bank Bldg., Syracuse.
 Fisher, F. W., 415 Union Bldg., Syracuse.
 Folley, J. F., 320 Coleridge ave., Syracuse.
 Ford, F. R., Dillaye Mem. Bldg., Syracuse.
 Fowler, C. S., Watertown.
 France, E. W., Rosenbloom Block, Syracuse.
 Garlinghouse, J. N., Clinton.
 †Garrison, L. F., Dillaye Mem. Bldg., Syracuse.
 †Gould, L. A., Watertown.
 Gowland, W. G., City Bank Bldg., Syracuse.
 Greminger, G. K., 935 O. C. S. Bank Bldg., Syracuse.
 Grout, J. J., Skaneateles.
 Guillaume, H. F., Utica.
 Hall, J. S., 423 University Bldg., Syracuse.
 Harrington, E. E., Watertown.
 Harrington, E. I., Watertown.
 Hastings, R. E., 190 Genesee st., Utica.
 Hatfield, Wm. J., Utica.
 Head, Geo. T., 314 Dillaye Mem. Bldg., Syracuse.
 Heintz, Wm. J., 614 Columbia st., Utica.
 Hervey, Walwyn, O. C. S. Bank Bldg., Syracuse.
 Hitzelberger, A. C., Utica.
 Hughes, R. F., 522 O. C. S. Bank Bldg., Syracuse.
 Jones, R. E., Remsen.
 Jones, W. B., 319 Union Bldg., Syracuse.
 Jones, W. D., Utica.
 Jones, Wm. H., Clinton.
 †Jutton, Daniel, 727 University Bldg., Syracuse.
 Kelley, J. Otis, 325 Rosenbloom Bldg., Syracuse.
 Knapp, Paul C., 112 Oneida st., Fulton.
 Kratzer, E. R., Baldwinsville.
 Lafayette, A. M., 725 University Bldg., Syracuse.
 Leak, W. H., Watertown.
 Luther, H. E., 801 O. C. S. Bank Bldg., Syracuse.
 McCormack, Frank W., W. Bridge st., Oswego.
 McCraith, T. E., Fort Schuyler Bldg., Utica.
 Markham, P. H., 912 University Bldg., Syracuse.
 Mason, B. T., Fulton.
 Mason, G. B., Utica.
 Mills, F. L., Baldwinsville.
 Mount, M. T., Cato.
 Moyer, W. H., 12 W. Genesee st., Baldwinsville.
 Murray, W. G., Herkimer.
 Neff, E. R., Carthage.
 North, J. H., 441 S. Salina st., Syracuse.
 Osgood, A. K., Ilion.
 Parker, G. B., Watertown.
 Perry, Geo. I., 318 Union Bld., Syracuse.
 Peters, C. J., 812 University Bldg., Syracuse.
 Platner, L. W., Utica.
 Potter, G. A., Cape Vincent.
 Pritchard, J. T., Camden.
 Redway, R. B., Ilion.
 †Roblin, A. C., 617 O. C. S. Bank Bldg., Syracuse.
 Rogers, E. G., Sandy Creek.
 Roth, G. S., 510 Gurney Bldg., Syracuse.
 Ryan, C. M., 512 University Bldg., Syracuse.
 Sayers, C. A., 514 Gurney Bldg., Syracuse.
 Schafer, G. P., 414 Gurney Bldg., Syracuse.
 Schamu, C. G., 704 University Bldg., Syracuse.
 Schemel, J. H., O. S. Bank Bldg., Syracuse.
 Schotthafer, Edward, Utica.
 Schold, E. J., Gurney Bldg., Syracuse.
 Silverman, I. J., 541 E. Genesee st., Syracuse.
 Silverman, L. W., 541 E. Genesee st., Syracuse.
 Sinclair, H. A., 169 W. Dominick st., Rome.
 Slocum, Sheridan, Oswego.
 Smith, A. F., 514 University Bldg., Syracuse.
 Smith, E. A., Rome.
 Sontheimer, A. F., 122 E. Dominick st., Rome.
 Spriggs, C. J., Rome.
 Steinaker, W. L., 1909 S. Salina st., Syracuse.
 Stillman, A. A., Gurney Bldg., Syracuse.

Sullivan, J. C., Little Falls.
 Stuart, Anna, 103 Seitz Bldg., Syracuse.
 Talley, D. B., 714 Dillaye Mem. Bldg., Syracuse.
 Tanzer, J. M., Little Falls.
 Tanzer, W. B., Watertown.
 Terry, M. J., Dept. of Education, Albany.
 Tompkins, H. H., Utica.
 Tremain, W. F., Rome.
 Turner, R. C., Oswego.

Walsh, J. E., Rosenbloom Bldg., Syracuse.
 Webb, E. R., 415 University Bldg., Syracuse.
 Wells, A. D., Skaneateles.
 Wells, I. G., Holland Patent.
 White, E. R., 718 S. A. & K. Bldg., Syracuse.
 Whitney, H. M., 910 University Bldg., Syracuse.
 Williams, E. B., 351 Genesee st., Utica.
 Wright, G. L., 202 W. Genesee st., Syracuse.

LIFE MEMBERS.

Cherry, C. E., 612 University Bldg., Syracuse. Tibbets, F. G., Fayetteville.

Sixth District.

THE annual meeting of the Sixth District Dental Society of the State of New York was held March 28, 29, and 30, 1918, and the following persons were elected officers for the ensuing year:

President—James T. Ivory.

Vice-president—F. W. Champlin.

Recording Secretary—H. V. Heiss.

Treasurer—E. L. Pitcher.

State Dental Examiners—J. B. West and F. M. Willis.

The following were appointed to serve on State Society committees: W. J. Le Suer (Legislative); H. D. Whitmarsh and F. M. Willis (Oral Hygiene).

The semi-annual meeting was held in New York City last October at the time of the National meeting, and the annual in March at Ithaca. Sixteen new members were added to the roll in the past year.

Lost through death, Dr. E. Nelson, Waverly.

Respectfully submitted,

H. V. HEISS, *Rec. Sec'y.*

ACTIVE MEMBERS.

Anderson, Wm. T., Endicott.
 Arbuckle, J. H., Delhi.
 Barnes, A. S., Oneonta.
 Barnett, John, Elmira.
 Barton, W. W., Binghamton.
 Bassett, C. G., Sidney.
 Baylis, C. F., Oneonta.
 Bedworth, Wm., Oneida.
 Blanchard, Roy, Oneida.
 Bond, F. E., Binghamton.
 Brickwedde, Geo. H., Elmira.
 Burdick, G. A., Homer.
 Burghardt, H. D., Whitney Point.
 Champlin, F. W., Oneida.
 Chapman, B. I., Elmira.
 Cowan, J. H., Cortland.
 Crawford, J. R., Ithaca.
 Crawford, L. R., Ithaca.
 Crowley, A. J., Ithaca.
 Cull, H. J., Cazenovia.
 Cunningham, H. E., Hobart.

Curtis, H. A., Waverly.
 Decker, Geo. M., Owego.
 Denike, G. A., Binghamton.
 Dolan, B., Binghamton.
 Dunne, C. M., Norwich.
 Ensign, H. G., Dryden.
 Fahey, Leo F., Cortland.
 Faulkner, J. V., Oneida.
 Fitch, H. E., Elmira.
 Ford, F. A., Cazenovia.
 Frisbie, J. D., Andes.
 Gainsway, L. F., Greene.
 Garling, N. L., Ithaca.
 Garvin, F. A., Oneida.
 Gill, E. S., Morrisville.
 Gillespie, E. R., Binghamton.
 Griswold, G. N., Unadilla.
 Hamilton, H. B., Ithaca.
 Hammond, B. F., Oneonta.
 Hanks, C. S., Oneonta.
 Hasse, F., Jr., Elmira.

Heiss, H. V., Johnson City.
 Hill, Wm. L., Owego.
 Hixon, W. W., Hamilton.
 Howe, C. F., Owego.
 Howe, Fred. B., Ithaca.
 Howe, J. B., Ithaca.
 Ingalls, L. S., Cortland.
 Irish, C. H., Cortland.
 Ivory, J. T., Binghamton.
 Jenks, F. M., Ithaca.
 Johnson, R. A., Bainbridge.
 Kaley, M., Johnson City.
 Kelley, J. D., Binghamton.
 Kingsley, R. R., Ithaca.
 Larkin, E. F., Ithaca.
 Le Suer, W. J., Oneonta.
 McCall, F. W., Binghamton.
 MacGachen, A. M., Ithaca.
 Madison, G. E., Binghamton.
 Mayor, Wm. E., Owego.
 Miller, Earl, Elmira.
 Miller, H. J., New Berlin.
 Mills, James, Waverly.
 Mitchell, H. B., Elmira.
 Mone, F. M., Ithaca.
 Moore, H. A., Elmira.
 Needham, A. V., Oneida.
 Noble, L. E., Endicott.
 Nordike, J. L., Watkins.
 Nutt, D. W., Walton.
 Ogden, J. D., Binghamton.
 Ogden, Wm. A., Binghamton.

Olcott, M. D., Canastota.
 Peters, A. S., Worcester.
 Peterson, H. A., Elmira.
 Pitcher, E. L., Cooperstown.
 Pritchard, W. H., Homer.
 Pulver, Geo. W., Binghamton.
 Rhenbottom, F. A., Endicott.
 Roe, M. N., Owego.
 Root, R. T., Binghamton.
 Sainburg, P. C., Ithaca.
 Schaffer, J. H., De Ruyter.
 Sears, Claude C., Trumansburg.
 Sharp, W. M., Binghamton.
 Smith, F. A., Oneonta.
 Smith, F. W., Elmira.
 Smith, Herman L., Trumansburg.
 Smith, Julian, Union.
 Snook, J. P., Waverly.
 Soden, F. B., Norwich.
 Stuart, J. R., Ithaca.
 Sturdevant, T. B., Elmira.
 Suter, R. B., Elmira.
 Tatlock, F. H., Oneonta.
 Thompson, C. E., Oxford.
 Turner, H. H., Marathon.
 Vanderhoof, W. W., Watkins.
 Waples, E. C., Elmira.
 Wells, H. P., Hamilton.
 West, J. B., Elmira.
 Whitmarsh, H. D., Binghamton.
 Wilbur, R. A., Elmira.
 Willis, F. M., Ithaca.

HONORARY MEMBERS.

Burchill, J. E., Cortland.
 Butler, A. S., Pasadena, Cal.
 Flaherty, J. V., Chittenango.
 Hall, W. H., Binghamton.
 Harris, E. W., Pomona, Cal.
 Hoysradt, G. W., Ithaca.
 Kelley, W. H., Towanda, Pa.
 King, H. B., Roxbury.
 Levy, Jos. M., New York City.

McCall, J. A., Buffalo.
 Newell, J. K., Towanda.
 Quintero, J. M., Lyons, France.
 Rischell, E. C., Athens, Pa.
 Smith, W. W., Montrose, Pa.
 Spencer, C. W., Sidney.
 Thompson, F. R., Homer.
 Turner, A. D., Binghamton.
 Watts, Willis E., Lyons, France.

LIFE MEMBERS.

Cox, E. W., Horseheads.
 Darby, F. B., Elmira.

Ingalls, C. E., Cortland.

Seventh District.

THE annual meeting of the Seventh District Dental Society of the State of New York was held April 26 and 27, 1918, and the following persons were elected officers for the ensuing year:

President—Byron W. Palmer.

Vice-president—C. G. Morsheimer.

Recording Secretary—J. L. E. Banks.

Corresponding Secretary—S. R. Meaker.

Treasurer—E. L. Schlottman.

Librarian—J. E. Line.

State Dental Examiners—H. J. Burkhardt and J. W. Cowan.

The following were appointed to serve on State Society committees: E. G. Link (Legislative); W. W. Belcher and A. W. Smith (Oral Hygiene).

Three deaths have occurred since the annual meeting in 1917—A. Osgood, H. G. Fairfield, and W. A. White.

Resigned or dropped from membership: O. R. Charles, Geo. Conyne, H. S. Horton, J. B. Durant, G. W. Slorah, T. H. McDermott, P. McPherson, and P. F. Priest.

Respectfully submitted,

J. L. E. BANKS, *Rec. Sec'y.*

ACTIVE MEMBERS.

- | | |
|--|--|
| Agnew, F. L., 63 Monroe ave., Rochester. | Conyne, R. J., 1064 Main st., E., Rochester. |
| Allen, D. H., Honeoye Falls. | Cottrell, I. R., 707 E. and B., Bldg., Rochester. |
| Allen, H. W., 400 Cutler Bldg., Rochester. | Crump, I. J., 20 Triangle Bldg., Rochester. |
| Alvord, Charles L., 804 Professional Bldg., Rochester. | Cutler, G. H., Main st., Dansville. |
| Avery, R. B., Auburn. | Demerath, C. F., 511 E. and B. Bldg., Rochester. |
| Bachman, C. C., Waterloo. | Dengler, F. J., 214 Wilder st., Rochester. |
| Banks, J. L. E., 407 Dake Bldg., Rochester. | Donoghue, Emma W., 649 Bryant ave., New York City. |
| Banton, E., Ontario. | Dunn, J. E., 884 Main st., W., Rochester. |
| Barr, W. H., 800 Main st., W., Rochester. | Eckler, H. F., 306 East ave. Bldg., Rochester. |
| Barrett, W. R., Spencerport. | Edington, I. C., 1 Union Square, New York City. |
| Beebee, J. H., 915 C. of C. Bldg., Rochester. | Elliott, E. E., 516 Mercantile Bldg., Rochester. |
| Belcher, H. L., Seneca Falls. | Foley, J. M., 346 Plymouth ave., Rochester. |
| Belcher, W. W., 186 Alexander st., Rochester. | Fowler, C. E., Wolcott. |
| Bennett, C. A., 318 Powers Bldg., Rochester. | Fraley, C. J., Geneseo. |
| Bostwick, W. A., 133 Clinton ave., S., Rochester. | Furner, J. S., Lima. |
| Bradley, M. C., 608 Granite Bldg., Rochester. | Gamble, W. D., Wayland. |
| Brininstool, C. L., 934 Granite Bldg., Rochester. | Gilbert, L. H., 707 E. and B. Bldg., Rochester. |
| Brown, H. O., 800 Main st., E., Rochester. | Gleason, D. I., Sheather st., Hammondsport. |
| Bryant, F. E., 309 Jefferson ave., Rochester. | Goble, L. S., 40 Triangle Bldg., Rochester. |
| Bryant, S. Roy, 309 Jefferson ave., Rochester. | Graves, J. W., 32 Triangle Bldg., Rochester. |
| Buckland, C. F., Corning. | Greene, F. A., Geneva. |
| Burkhart, A. P., 52 Genesee st., Auburn. | Griswold, E. R., Dansville. |
| Burkhart, G. A. P., Masonic Bldg., Auburn. | Griswold, V. H., 230 Mercantile Bldg., Rochester. |
| Burkhart, H. J., 800 Main st., E., Rochester. | Guile, B. C., 5 Parsells ave., Rochester. |
| Burkhart, R. H., 800 Main st., E., Rochester. | Hall, A., 43 Main st., Hornell. |
| Burns, G. G., 47 Elwood Bldg., Rochester. | Hammond, H. E. J., 14 William st., Auburn. |
| Carey, J. H., 115 Union st., N., Rochester. | Hanna, J. N., 575 Main st., W., Rochester. |
| Chase, C. D., 46 Webster ave., Rochester. | Hart, B. S., 713 C. of C. Bldg., Rochester. |
| Clapp, E. A., Livonia. | Hettig, A. F., 227 Cutler Bldg., Rochester. |
| Clark, B. F., 133 Clinton ave., S., Rochester. | Hicks, B. G., Canandaigua. |
| Conklin, W. H., 624 Mercantile Bldg., Rochester. | |

- Hill, J. O., 407 Dake Bldg., Rochester.
 Holcomb, R. J., 422 Mercantile Bldg., Rochester.
 Holmes, H. N., Canandaigua.
 Hoot, W. I., 203 Monroe ave., Rochester.
 Horton, F. C., Clyde.
 Horton, G. L., 14 William st., Auburn.
 Howland, C. A., 901 C. of C. Bldg., Rochester.
 Hughes, Wm., 119 Genesee st., Auburn.
 Hulme, M. L., 75 S. Fitzhugh st., Rochester.
 Inman, E. L., Clyde.
 Ivory, F. W., 57 Triangle Bldg., Rochester.
 Kohler, M. W., Main st., Fairport.
 Kuhn, F. W., Dansville.
 Lascel, E. R., 4321 Lake ave., Rochester.
 Lewis, E. F., 508 E. and B. Bldg., Rochester.
 Lewis, H. F., 513 C. of C. Bldg., Rochester.
 Link, E. G., 226 Cutler Bldg., Rochester.
 Locke, G. E., Brockport.
 Lowe, G. C., 813 C. of C. Bldg., Rochester.
 Lynch, C. G., 185 Park ave., Rochester.
 McIntee, J. T., 248 Cutler Bldg., Rochester.
 McMullen, M. F., 383 Main st., E., Rochester.
 Marshall, H. E., Lyons.
 Martin, J. F., Newark.
 Marvin, G. P., 211 Cutler Bldg., Rochester.
 Mattison, J. J., Canandaigua.
 Meaker, S. R., Auburn.
 Messerschmitt, F., 1023 Granite Bldg., Rochester.
 Middaugh, J. E., 399 Seneca Parkway, Rochester.
 Miles, E. B., 299 Central Park, Rochester.
 Mills, R. Q., 257 Main st., E., Rochester.
 Mitchell, H. W., 3 Lyell ave., Rochester.
 Moll, C. F., 1 East ave., Rochester.
 Morseimer, C. G., 133 Clinton ave., S., Rochester.
 Myers, W. A., 124 Genesee st., Auburn.
 Nagel, Flora, 46 Hickory st., Rochester.
 O'Neil, W. B., 747 Main st., W., Rochester.
 Palmer, B. W., 232 University ave., Rochester.
 Parish, W. A., Avon.
 Parker, R. C., 1310 Dewey ave., Rochester.
 Parmelee, J. H., 418 Mercantile Bldg., Rochester.
 Pierce, C. J., 336 Mercantile Bldg., Rochester.
 Povall, W. H., Mt. Morris.
 Proseus, F. W., 528 Mercantile Bldg., Rochester.
 Pulver, P. C., 525 Mercantile Bldg., Rochester.
 Reeves, H. C., Fairport.
 Reid, R. W., 448 Lyell ave., Rochester.
 Rood, F. M., 700 E. and B. Bldg., Rochester.
 Ross, E. G., 1226 Clinton ave., N., Rochester.
 Sackett, W. C., 552 Genesee st., Rochester.
 Sage, W. W., 35 Chestnut st., Rochester.
 Sager, A. E., 624 Mercantile Bldg., Rochester.
 Saunders, B. G., 85 East ave., Rochester.
 Schake, Sarah M., 711 C. of C. Bldg., Rochester.
 Schlottman, E. L., 809 C. of C. Bldg., Rochester.
 Scofield, J. A., Hilton.
 Scott, J. J., 901 C. of C. Bldg., Rochester.
 Sebold, F. C., Auburn.
 Shaddock, F. J., 819 C. of C. Bldg., Rochester.
 Sharp, E. T., Victor.
 Showers, G. F., Corning.
 Simmonds, C. S., Auburn.
 Smith, A. W., 33 Chestnut st., Rochester.
 Smith, P. W., 913 C. of C. Bldg., Rochester.
 Smith, W. W., 83 East ave., Rochester.
 Stott, H. B., 433 Mercantile Bldg., Rochester.
 Stryker, H. A., 317 Cutler Bldg., Rochester.
 Sutherland, L. D., Canandaigua.
 Sweet, E. J., 44 Main st., Hornell.
 Tarrant, F. J., 837 Main st., W., Rochester.
 Thorn, C. A., 702 Clinton ave., N., Rochester.
 Tillotson, R. R., Lyons.
 Vanderbelt, C. R., 412 Beckley Bldg., Rochester.
 Waldron, C. R., 1129 Granite Bldg., Rochester.
 Wallace, W. R. J., 33 Chestnut st., Rochester.
 Welch, J. W., 40 West ave., Fairport.
 Welch, M., 516 Mercantile Bldg., Rochester.
 Weller, J. L., Jr., 426 Mercantile Bldg., Rochester.
 Whitney, G. W., 1041 Granite Bldg., Rochester.
 Wickins, R. H., Wilsonia Apts., Rochester.
 Windell, W. A., 720 E. and B. Bldg., Rochester.

HONORARY MEMBERS.

Adams, D. F., Minnesota.
 Goode, G., New York.
 Howard, C. T., Rochester.
 Jenkins, N. S., New Haven, Conn.
 Miller, H. S., Rochester.

Nicholson, C. H., Ontario.
 Smith, M. H., Colorado Springs.
 Walters, J. S., Eugene, Ore.
 Ward, C. H., Rochester.
 Watson, G. H., Berlin.

LIFE MEMBERS.

Elmendorf, C., Penn Yan.
 La Salle, B. F., Rochester.
 Line, J. E., Rochester.

Miller, H. S., Rochester.
 Smith, P. H., Rochester.

Eighth District.

THE annual meeting of the Eighth District Dental Society of the State of New York was held April 9, 1918, and the following persons were elected officers for the ensuing year:

President—L. Lee Mulcahy.

Vice-president—Fred A. Ballachey.

Recording Secretary—W. Ray Montgomery.

Corresponding Secretary—Chas. A. Pankow.

Treasurer—D. T. Main.

Librarian—A. F. Isham.

State Dental Examiners—J. G. Roberts and W. J. Leake.

Members of Executive Council—Guy M. Fiero (regular), and W. W. Cavers (alternate).

The following were appointed to serve on State Society committees: L. Meisburger (Legislative); Walter H. Ellis and Irving C. Maul (Oral Hygiene).

Lost by death—M. J. Cogan.

Respectfully submitted,

W. RAY MONTGOMERY, *Rec. Sec'y.*

ACTIVE MEMBERS.

† In the National service.

Allen, Charles E., Brockton.
 Anderson, Charles E., Jamestown.
 Backus, Herman W., 99 Elmwood ave., Buffalo.
 Backus, W. M., 475 Grant st., Buffalo.
 †Ballachey, Fred. A., 450 Elmwood ave., Buffalo.
 Baitz, Arthur G., 78 W. Oakwood ave., Buffalo.
 Barclay, H. L., 758 E. Delevan ave., Buffalo.
 Bartlett, W. B., Castile.
 Bates, O. W., 186 Seneca st., Buffalo.
 Beach, J. Wright, 131 Allen st., Buffalo.
 Beal, Morley J., Jamestown.
 Beal, Thomas A., Findlay Lake.
 Beyer, F. A., 168 Franklin st., Buffalo.
 Bissell, John E. W., Westfield.
 †Bode, Armin H., 370 Genesee st., Buffalo.
 Boughton, W. E., Batavia.
 Boysen, Albert H., 202 Hoyt st., Buffalo.

Buell, Charles K., 131 Allen st., Buffalo.
 Burley, W. J., Gowanda.
 †Burns, E. F., 1375 Main st., Buffalo.
 Bush, William W., Rushford.
 Callahan, Leo D., 1115 Genesee st., Buffalo.
 Calkins, C. R., Garrison Bldg., Perry.
 Calkins, R. W., Garrison Bldg., Perry.
 Camp, Paul Brown, 606-608 Chadakoin Bldg., Jamestown.
 Cavers, William W., 450 Elmwood ave., Buffalo.
 Chester, H. M., 301 Linwood ave., Buffalo.
 Childs, Lowell L., Springville.
 Christenson, J. C., 106 Falls st., Niagara Falls.
 †Cleveland, Joseph L., 505 Franklin st., Buffalo.
 Collins, J. F., 580 Elmwood ave., Buffalo.
 Collins, J. P., 504 Brisbane Bldg., Buffalo.
 Conforto, Anthony D., 334 Terrace, Buffalo.

Consul, Arthur H., 404 Genesee st., Buffalo.
 Curson, Leon V., 331½ Franklin st., Buffalo.
 Clifford, John F., 62 Main st., Lockport.
 Davis, Charles H., 1425 Main st., Buffalo.
 Dayment, Frank L., 184 Bloor st. East, Toronto, Ontario.
 Dewey, C. E., Batavia.
 †Dickson, John C., 863 Tonawanda st., Buffalo.
 Dickson, W. B., 446 Genesee st., Buffalo.
 Dillon, Charles P., Batavia.
 Diltz, David A., Warsaw.
 Dixon, J. A., 917 Jefferson st., Buffalo.
 Doolittle, E. J., 592 Genesee st., Buffalo.
 Doolittle, G. P., Albion.
 Doran, Edward J., 359 Connecticut st., Buffalo.
 Downes, C. R., 100 Main st., Lockport.
 Dudley, John Lockhart, 722 Main st., Buffalo.
 Duncan, J. G., 6 West ave., Lockport.
 Earley, S. J., 120 Laurens st., Olean.
 Ellis, W. H., 397 Delaware ave., Buffalo.
 Ellwood, G. T., 55 Parker st., Buffalo.
 Ernsmere, J. B., 308 W. Ferry st., Buffalo.
 Eshleman, M. Burton, 170 Hodge ave., Buffalo.
 Farmer, E. J., 233 W. Ferry st., Buffalo.
 Fay, M. L., 267 Elwood ave., Buffalo.
 Fiero, Guy M., 1355 Main st., Buffalo.
 Fish, J. B., 759 Tonawanda st., Buffalo.
 Flagg, C. E., 158 Anderson Place, Buffalo.
 Frey, George J., 234 Delaware ave., Buffalo.
 Froeber, Edward G., 462 Genesee st., Buffalo.
 Garretson, J. L., 200 Hodge ave., Buffalo.
 Garrett, F. S., 131 Allen st., Buffalo.
 Geenen, G. J., 221 Hampshire st., Buffalo.
 Gehrmann, Arthur F., 306 Kohler st., Tonawanda.
 Gemmill, R. A., Lockport.
 Gerstman, H. Viola, Dental Dispensary, Rochester.
 Gibbin, Floyd E., Springville.
 †Gibbin, Leo E., 489 Grant st., Buffalo.
 Gibbs, A. B., Batavia.
 Glazier, L. F., Springville.
 Graf, E. G., 726 Michigan ave., Buffalo.
 Graf, Katharine M., 252 Broadway, Buffalo.
 Granger, Raymond, Jamestown.
 Greenfield, W. C., 169 Northland ave., Buffalo.
 Gregg, M. A., 103 Genesee st., Buffalo.
 †Guzetta, Joseph L., 357 William st., Buffalo.
 Hale, Charles F., 303 Potomac ave., Buffalo.
 Hall, Fred. J., 43 W. Tupper st., Buffalo.
 Hammersmith, P. C., 25 Indian Church road, Buffalo.

Havens, F. C., Niagara Falls.
 Heinrich, Albert, 541 Walden ave., Buffalo.
 Hickelton, George T., 322 Elk st., Buffalo.
 Hicks, James R., 55 Allen st., Buffalo.
 Hicks, T. A., 55 Allen st., Buffalo.
 Hill, Frank P., 1597 Genesee st., Buffalo.
 Hoffman, A., 381 Linwood ave., Buffalo.
 †Hollway, Charles M., 2321 Main st., Buffalo.
 Horton, C. P., 37 Allen st., Buffalo.
 Howes, Louis C., 1370 Main st., Buffalo.
 House, C. W., Holland.
 Hughey, G. M., 1355 Main st., Buffalo.
 Hussong, R. L., 112 Indian Church road, Buffalo.
 Isham, A. F., 85 N. Pearl st., Buffalo.
 Jackson, Graham E., Franklin and Edward sts., Buffalo.
 Jackson, L. E., Franklinville.
 Jones, Courtland S., 234 Delaware ave., Buffalo.
 Jones, Olin E., Wellsville.
 Jung, A. H., 64 Goodell st., Buffalo.
 Jung, E. P., 584 Genesee st., Buffalo.
 Jung, Elmer F., 607 Genesee st., Buffalo.
 Kendall, C. A., 241 Norwood ave., Buffalo.
 Kiefer, Leo G., 700 Broadway, Buffalo.
 Klipfel, Charles M., 1350 Fillmore ave., Buffalo.
 Lamb, John Richard, 1144 Lovejoy st., Buffalo.
 Lay, Victor, 891 Genesee st., Buffalo.
 Leake, W. J., 53 Main st., Lockport.
 Leitze, G. L., 1137 Genesee st., Buffalo.
 Leland, Lloyd, 1872 Niagara st., Buffalo.
 Levy, Marvin, 1371 Main st., Buffalo.
 Lorenz, George W., 66 Goodell st., Buffalo.
 Lugsdin, F. G., 131 Allen st., Buffalo.
 Lyon, H. B., Dunkirk.
 McCall, J. O., 437 Franklin st., Buffalo.
 †McCarthy, A. J., 131 Allen st., Buffalo.
 McCarthy, J. J., Olean.
 McCoy, D. H., 6 N. Pearl st., Buffalo.
 †McKee, Charles H., 410 N. Division st., Buffalo.
 McMichael, H. R., 23 Oxford ave., Buffalo.
 Madden, J. J., 49 Niagara st., Buffalo.
 Main, D. T., 234 Delaware ave., Buffalo.
 Mair, C. R., 1157 Michigan ave., Buffalo.
 Mallory, J. Porter, 463 W. Ferry st., Buffalo.
 Maul, Irving, 519 Main st., Batavia.
 Maul, Willis R., 519 Main st., Batavia.
 Merle, C. W., Batavia.
 Middleton, C. O., 36 Young st., Tonawanda.
 Mimmack, A. E., 795 Elmwood ave., Buffalo.

- Montgomery, W. R., 505 Franklin st., Buffalo.
 Morgan, G. H., 2 N. Pearl st., Buffalo.
 †Morehouse, C. C., 2852 Delaware ave., Ken-
 more.
 Mouthrop, G. F., 273 W. Ferry st., Buffalo.
 Muir, Robert, 21 Main st., Gowanda.
 Mulcahy, L. L., Batavia.
 Murray, Robert, 761 Elmwood ave., Buffalo.
 Newman, T. E., 546 Tonawanda st., Buffalo.
 Noyes, W. P., Olean.
 O'Shea, Thomas F., LeRoy.
 Otis, N. L., 678 Main st., East Aurora.
 Packwood, E. S., 1370 Main st., Buffalo.
 Pankow, C. A., 357 William st., Buffalo.
 †Pawlowski, Anthony L., 436 Amherst st.,
 Buffalo.
 †Ploss, Earl O., 318 W. Utica st., Buffalo.
 Prefert, Alfred, 795 Genesee st., Buffalo.
 Prentice, W. H., Crossett Block, Warsaw.
 Preston, A. E., Delevan.
 †Prior, Ray Leon, 267 W. Utica st., Buffalo.
 Pullen, Herbert A., 131 Allen st., Buffalo.
 Randolph, E. F., 2101 Main st., Niagara Falls.
 Read, E. M., Perry.
 †Read, Harry S., Delevan.
 Reynolds, H. E., 577 Broadway, Buffalo.
 Roberts, J. G., 174 E. Ferry st., Buffalo.
 Rose, Clifford E., 902 Electric Bldg., Buffalo.
 †Rozan, George O., 1070 Broadway, Buffalo.
 Ruszaj, S. E., 1012 Broadway, Buffalo.
 Ryser, O. G., 727 Seneca st., Buffalo.
 †Sandman, R. J., 24 Glendale Place, Buffalo.
 Schnitzpahn, E. E., 18 St. John's Place, Buf-
 falo.
 Schwartz, Edward, 1234 Fillmore ave., Buf-
 falo.
 Sharp, C. H., Hodge Bldg., Lockport.
 Sherlock, Thomas F., Lockport.
 Sherwood, J. A., 283 Bryant st., Buffalo.
 Skultz, N. J., Batavia.
 Simonds, G. H., 106 Pearl st., Medina.
 Skinner, George W., 39 Falls st., Niagara
 Falls.
 Skinner, O. M., 968 Ridge road, Lackawanna.
 Sertore, J. F., Belmont.
 Spillman, Josephine H., 64 Webster st., North
 Tonawanda.
 Squire, D. H., 37 Allen st., Buffalo.
 Squires, L. A., 2337 Main st., Buffalo.
 Stiker, A. G., Addison.
 †Storms, C. L., 131 Allen st., Buffalo.
 Sugnet, F. L., 537 William st., Buffalo.
 Tanner, H. F., Medina.
 †Tench, J. M., 1353 Jefferson st., Buffalo.
 Tench, R. W., 220 W. 42d st., New York City.
 Terry, I. L., 737 Seneca st., Buffalo.
 Tesch, F. C., 69 Gluck Bldg., Niagara Falls.
 Thompson, D. M., 311 Elderfield Bldg., Niag-
 ara Falls.
 †Tillotson, C. R., 309 W. Ferry st., Buffalo.
 Todd, E. L., Stearns Bldg., Dunkirk.
 Tronolone, J. J., 327 Niagara st., Buffalo.
 Tucker, William L., 70 W. Chippewa st., Buf-
 falo.
 Underwood, F. H., 1063 Ellicott st., Buffalo.
 Valente, Victor, 363 Niagara st., Buffalo.
 Wardner, J. F., Lackawanna.
 Warner, C. A., 39 S. Niagara st., Tonawanda.
 Whipple, B. W., 301 Union st., Olean.
 Whipple, E. O., 301 Union st., Olean.
 Whipple, H. L., Cuba.
 White, Herbert A., Jamestown.
 Wilson, Fred B., 1373 Main st., Buffalo.
 Winner, Anthony C., 571 Main st., Buffalo.
 Wolfsohn, Myer D., 165 William st., Buffalo.
 Woodley, F. E., 123 Falls st., Niagara Falls.
 Young, D. H., Attica.

HONORARY MEMBER.

Benjamin, H. L., 33 Center st., Batavia.

LIFE MEMBERS.

- Barrows, D. E., Olean.
 Burkhart, H. J., Rochester Dental Dispensary,
 Rochester.
 Butler, Chas. S., 733 W. Delevan st., Buffalo.
 Coon, W. W., Alfred.
 Eschleman, S., 421 Franklin st., Buffalo.
 Lewis, T. G., 587 Main st., Buffalo.
 Low, F. W., 52 N. Pearl st., Buffalo.
 Meisburger, L., 85 N. Pearl st., Buffalo.
 Robinson, L. W., 129 Elmwood ave., Buffalo.
 Snow, G. B., 231 Kennebec ave., Long Beach,
 California.

Ninth District.

THE annual meeting of the Ninth District Dental Society of the State of New York was held April 13, 1918, and the following persons were elected officers for the ensuing year:

President—L. W. Helms.

Vice-president—C. D. Gurnee.

Recording Secretary—W. E. Fancher.

Corresponding Secretary—L. E. Burr.

Treasurer—R. L. Clark.

Librarian—W. M. Fancher.

State Dental Examiners—H. C. Bennett and D. W. McLean.

The following were appointed to serve on State Society committees: A. L. Granger (Legislative); Bertram Ball and J. P. Cole (Oral Hygiene).

Respectfully submitted,

W. E. FANCHER, *Rec. Sec'y.*

ACTIVE MEMBERS.

† In the National service.

Allen, E. J., Port Chester.

Anderson, A. E., Peekskill.

Ashplant, P. R., Newburgh.

Ball, Bertram, Yonkers.

Bannan, P. C., Newburgh.

Barnum, H. L., Newburgh.

Barr, T. A., Tarrytown.

Bauder, P., Newburgh.

Bedell, A. P., Mount Vernon.

Bedell, W. H., Poughkeepsie.

Bennett, H. C., Newburgh.

†Berkey, H. F., Tarrytown.

†Bevier, M. B., Poughkeepsie.

Boll, G. A., Yonkers.

Bollinger, Jacob, Jr., Nyack.

Brown, L. P., Peekskill.

Bugdon, F. C., New Rochelle.

†Burr, J. C., Port Jervis.

Burr, L. E., Yonkers.

Carman, R. S., Yonkers.

Carr, L. H., Newburgh.

Chatterton, J. W., Poughkeepsie.

Clark, R. L., Mount Vernon.

Cole, J. R., Dobbs Ferry.

Conover, C. A., Newburgh.

Conzette, H. L., White Plains.

Cotales, E. D., Mount Vernon.

Cotton, L. H., White Plains.

Daly, J. A., New Rochelle.

Dana, A. G., Hastings.

Darrow, H. N., Mount Vernon.

Davenport, W. F., Yonkers.

DeWitt, H. S., Middletown.

Dickerson, L. E., White Plains.

Downing, V. F., Poughkeepsie.

Dunn, F. T. W., Mount Kisco.

Dunning, L. B., Beacon.

Dunning, W. T., Middletown.

Duryee, E. C., Peekskill.

Ehleider, T. J., Poughkeepsie.

Erman, F. P., Warwick.

Ernst, Otto, Larchmont.

Fancher, W. E., Yonkers.

Fancher, W. M., Ossining.

Fisher, Wm. C., Bronxville.

†Flink, C. R., Pleasantville.

Fones, R. A., Yonkers.

†Frachtman, P., Nyack.

Franzius, G. H., Bronxville.

Frawley, C. B., Port Jervis.

Fuller, C. W., Yonkers.

Garratt, W. H., Yonkers.

Granger, A. L., Mount Vernon.

Green, R. B., Tarrytown.

Grosch, A., White Plains.

Gurnee, C. D., Beacon.

Hafford, C. S., New Rochelle.

Hall, E. C., Harrison.

Hammond, G. A., Port Jervis.

Hart, F. M., Port Chester.

Helms, L. W., Peekskill.

Hepworth, Z. T., Wappingers Falls.

Holt, S. M., Middletown.

†Hudson, W. C., Yonkers.

†Hughes, J. E., Tarrytown.

Johnson, J. H., Port Jervis.

Kellogg, G. F., White Plains.

King, H. B., Rye.

Knapp, W. A., Millerton.

Lansing, C. T., Yonkers.

Longworth, A. W., Yonkers.

McLean, D. W., Mount Vernon.

McLeod, R. H., New Rochelle.

McBriar, H. C., Middletown.

MacElroy, Marie F., Mount Vernon.
 Mack, G. A., Pleasantville.
 †Mahoney, W. P., Millbrook.
 †Marsland, I. A., Mount Vernon.
 Massoth, H. P., New Rochelle.
 †Metz, C. H., Valhalla.
 Miller, W. S., Newburgh.
 Mills, J. J., Port Jervis.
 Morris, G. W., Central Valley.
 †Morrow, Robert, Nyack.
 Nicholls, G. L., Ossining.
 Northrup, G. A., Poughkeepsie.
 Osborne, B. F., Port Chester.
 Page, M. S., Mount Vernon.
 Palmer, Stephen, Poughkeepsie.
 Park, H. M., Mount Kisco.
 Parker, E. G., Goshen.
 Patterson, J. E., Poughkeepsie.
 †Peterson, L. A., Croton-on-Hudson.
 Phinn, A. E., Peekskill.
 Platt, G. G., White Plains.
 Randall, W. V., Newburgh.
 Richardson, F. K., New Rochelle.
 Robinson, C. C., Poughkeepsie.
 Rosen, Harry, Yonkers.
 Roy, C. A., Mamaroneck.
 Ryder, H. L. B., Beacon.

†Schelpert, J. W., Jr., Mount Vernon.
 Searles, W. B., Katonah.
 Segal, Peter, New Rochelle.
 Sniffen, C. P., White Plains.
 Sniffen, D. A., White Plains.
 Stanbrough, W. M., Newburgh.
 †Steurer, W. H., Mount Vernon.
 Stevenson, L. M., Cold Spring.
 Suffern, E. R., Suffern.
 Sutherland, J. R., Monroe.
 Sweeny, J. J.
 Swift, T. C., Mount Vernon.
 Swift, W. L., Mount Vernon.
 Thompson, C. H., Goshen.
 Throop, Wm. I., Mount Vernon.
 Tice, C. H., Middletown.
 Traver, W. E., Red Hook.
 Trosky, Nathan, Otisville.
 Turner, C. G., Poughkeepsie.
 Twigg, A. W., Ossining.
 Ulsaver, E. S., New Rochelle.
 †Vail, C. T., Yonkers.
 Varcoe, E. R., Goshen.
 Vernon, G. H., Middletown.
 Weiss, Joseph, Ossining.
 Wilbur, D. W., Rhinebeck.
 Writer, G. S., Nyack.

HONORARY MEMBER.

Hutchinson, R. G., Jr., New York City.

History of the Dental Society of the State of New York.

By WM. CARR, A.M., M.D., D.D.S., New York, N. Y.

TO give in detail the history of this society, which has reached a maturity of fifty years, would both sorely tax your patience and far transcend the time allotted for this paper. It must suffice, therefore, to sketch as briefly as may be what the society has done toward effecting the purpose of its organization.

THE STATUS OF DENTISTRY PRIOR TO 1868.

Prior to the year 1868, there was no law in this state regulating the practice of dentistry. Popular opinion failed to realize the scope and importance of dentistry or to hold it in due esteem. Even the courts in various jurisdictions failed to do so, or to rate it as a profession; and even today it is not universally so rated. Dentistry has been held in adjudicated cases to be a handicraft and its operative instruments to be mechanics' tools, exempt as such from attachment and levy of execution. It has been held to be a mercantile employment, and contracts of its practitioners to be within the statute of frauds requiring them to be in writing

under certain circumstances. In France it has been said to be an art, and dentists as modelers have been classed as artists in a humble way. Curiously enough, Griswold, whose case was carried to the Court of Appeals, classed himself as a "facial artist." It has been graded with truss-making and midwifery. Even persons otherwise intelligent have believed, as many still believe, that any person able to extract or fill a tooth or make a set of artificial teeth is a fully equipped dentist. The practice was formerly in the hands of blacksmiths and barbers, and we yet find among our immigrants that barbers are resorted to for extraction of teeth or alleviation of toothache.

That dentistry remained so long in this low estate was largely due to its practitioners. Not only has vulgar advertising by the exhibition of showcases and like means tended to hinder the recognition of our profession as a specialty of medicine in the large sense, as is rhinology, laryngology, otology, or ophthalmology, each of which treats an organ lying near the oral cavity and affected by its conditions, but leading members of our profession have stoutly contended that den-

tistry is absolutely distinct and apart from medicine. This is not the time to discuss that opinion. But so much is there in a name that, were dentistry known as stomatology, laymen, at least, would class it with the other medical "ologies." Some courts have distinctly classed dentists as medical men. And it is obvious that in so far as they adopt systemic and operative treatment, they are acting as physicians or surgeons. The borderline cannot be marked other than by the statutory definition.

Physicians have been held by the courts in some jurisdictions to be authorized to extract teeth as part of their professional work; to what extent dentists may operate they have not distinctly defined. But in a North Carolina case some years ago the question of whether or not a dentist was a physician was decided upon facts not creditable to the member of our profession concerned. Under the law of that state whisky could be sold by druggists only upon a physician's prescription. A dentist prescribed a quart for a friend as a remedy for toothache, signing his prescription Dr. So-and-so. The druggist making the sale defended the suit on the ground that it was made on a doctor's prescription, but the court held that a dentist was not a physician, and added that this was fortunate, inasmuch as if dentists could prescribe a quart of whisky for one aching tooth, North Carolina would soon be in a bad way considering that there are thirty-two teeth in the human mouth. It was a poor exhibition of judicial humor, but the facts were serious, doing appreciable harm to the offender's profession.

There were able practitioners, skilful with their hands and scientific in their treatment before any law regulating the practice of dentistry was enacted. Na-

tural talents and aptitudes will always assert themselves, but the proposition that the average man needs methodical training and education to fit him for his work scarcely seems to admit of argument. Yet it has not always been easy to assert this simple truth against ignorance and prejudice.

ORGANIZATION OF THE STATE SOCIETY.

When this society was organized the study of dentistry was carried on for the most part under private preceptorship, and the standard of instruction necessarily varied according to the competence and conscience of the individual instructors. The New York College of Dentistry, incorporated by Chap. 264 of the laws of 1865, was then the leading dental college of the state, if not of the country. It conferred its degree after a four months' course. In 1852 the New York College of Dental Surgery had been incorporated, but it graduated only one student, our colleague Dr. E. A. Bogue, and became moribund. An effort to revive it, even with such men as Abram S. Hewitt and General George B. McClellan upon its board of trustees, failed. Today, under its revived charter, it flourishes as the College of Dental and Oral Surgery of New York, requiring a four years' course of nine months in each calendar year.

Medical practice was also in 1868 substantially free to all. Injudicious enforcement of the medical laws that had been put upon the statute-book in the eighteenth century and amended by degrees had led to their repeal—in fact if not in name—by the law of 1842, making unlicensed practice a misdemeanor only in cases of injury from malpractice. The college courses were short, not only in

this state but elsewhere; nominally two years, often completed in less time. The degree of M.D. was conferred with what today would be deemed recklessness in a dental college. It is to the credit of the Woman's College of the New York Infirmary that it was the first to exact a three-year course of study, and when Harvard, about the year 1870, made the same requirement, the number of its students fell from a large number to about half a dozen, only to increase rapidly when students seeking medical education rather than a mere medical degree flocked to the school where that education was given.

THE FIRST DENTAL LAW OF THE STATE.

It was from appreciation of these conditions and the incident evils, both to the people at large and to the profession, that this organization came into being under Chap. 152 of the laws of 1868, entitled "An Act to Incorporate Dental Societies for the purpose of Improving and Regulating the Practice of Dentistry in this State." Those were the purposes of our incorporation—to improve the practice and to regulate it. Certainly those purposes have been accomplished; slowly, painfully, step by step, against opposition from many quarters inside as well as outside of our ranks, and not without criticism, some of it made in good faith, more out of ignorance, much out of malice.

But the result has crowned the work. The standard of education has been advanced. The meager course of four months' perfunctory study of regional anatomy, materia medica and therapeutics, chemistry, physiology, covering digestion and circulation, and prosthetic dentistry, has been enlarged to a course covering four years. Preliminary education of students, at least to the extent

of a high-school course, has become a requirement of admission to the colleges, which are equipped for their work to a degree undreamed of in time past. Clinical instruction and laboratories for chemical, physiological, histological, bacteriological and prosthetic work are provided. Under the statute, illegal practice, the sale of diplomas, false personation, and other frauds are punished.

By abolishing the diploma standard of license and requiring graduates of colleges to pass examinations before a state board a certain uniformity of license has been attained, and the diplomas formerly issued as articles of commerce by the so-called "diploma mills" have ceased to have value in this state. That all the evils against which our faces were set have been abolished it would be foolish to contend; but they have been lessened. If the law has failed to punish every offender—and all laws must so fail—it has been nevertheless a schoolmaster bringing both laymen and practitioners to a higher appreciation of ideal conditions. Law alone cannot, unless sustained by public opinion, regulate conduct.

The illegal practice of a profession is what is called *malum prohibitum*—it is wrong, that is to say, only because it is forbidden. Crimes that are *mala per se*, that is to say, against the common sentiment of mankind—murder, theft, and other acts originating in evil intent—are and always have been committed in greater or less degree despite laws directed against them. How, then, can one expect to prevent entirely the commission of acts which do not necessarily involve evil intent, but which in the absence of statutory prohibition are perfectly lawful and even commendable.

When Dr. Lorenz of Vienna came to this country to demonstrate his bloodless

operation on the hip joint, he was technically violating the law, inasmuch as he was not licensed. He was nevertheless invited to make the demonstration at Bellevue and Cornell. There were those, however, who felt incensed because he was not arrested, and in Chicago he was actually required to take out a license, perfunctorily granted, before being allowed to give a demonstration—a perfect example of the fact that it is the spirit that keeps the law alive and the letter that kills it. It is this narrow spirit, the spirit of small jealousy, in most instances animated by desire for personal gain or professional aggrandizement, that caused the medical laws in England and in this country to fall into disuse.

Both medical and dental legislation are enacted under the police power of the state, primarily for the protection of the people and the common welfare against harm resulting from ignorance and unskilfulness on the part of those from whom the common law requires knowledge and skill. Secondly, such legislation may operate for the advantage of the licensed calling, but that is not the ground upon which courts sustain it, and in the enforcement of legislation by the Law Committee of this society, that truth has been kept in view. The spirit of the law has been recognized, and out of that recognition has grown most of the criticisms directed against those charged with the statute's enforcement. It is also because of that recognition that we have been able by degrees to enlarge the scope of the law.

THE EFFECT OF THE DENTAL LAWS UPON DENTAL EDUCATION.

It has been said already that your patience would be exhausted by a detailed

recital of the work achieved by the society. Since its organization, twenty-two acts of the Legislature bearing upon dental practice have been passed, some of them being consolidations of work already accomplished. A number of proposed enactments intended to benefit individuals and lower the standard established have been defeated by constant vigilance. The constitutionality of the law as formulated by the society has been sustained in the case of Griswold already referred to, which was obstinately contested in all our courts until his conviction in the New York Special Sessions was finally affirmed by the Court of Appeals.

The law of 1868 authorized dentists in the eight judicial districts of the state to convene on the first Monday of June in that year, in number not less than fifteen, at specified places, to elect officers, and when organized to choose eight delegates to meet in Albany on the last Tuesday of that month, and, if the delegates were not less than thirty-three in number, to organize the Dental Society of the State of New York. It provided for the appointment of censors by each district society, whose duty should be carefully to inquire into the qualifications of all persons who should present themselves within the districts where they resided for examination, and report their opinion in writing to the president of said district society, who in turn was required to issue to persons recommended by the censors a certificate of qualification, countersigned by the secretary, and under the society's seal. It also authorized the State Society to constitute a state board of eight censors, one from each district, to examine all persons entitled to examination under the act and presenting themselves therefor. Upon the recommendation of this board, it was the

president's duty to issue a diploma under the society's seal and countersigned by the secretary.

All dentists in regular practice at the passage of the act, all having diplomas from a dental college of the state, and all students who had studied and *practiced dental surgery* with accredited dentists for a term of four years, were entitled to present themselves for this examination, and a deduction from this term, in the case of students who after the age of sixteen had pursued any of the studies usual in the colleges of the United States, was made for the time they had pursued such studies, not exceeding one year. A deduction of one year was also made in the case of a student who had attended a complete course of lectures in any incorporated dental or medical college in the United States.

By Chap. 331 of the laws of 1870, this diploma of the society was made to confer the degree of Master of Dental Surgery. It was made unlawful for any other society, college, or corporation to grant the said degree, and anyone falsely pretending to hold the certificate, license, diploma, or degree from the state or district society, or to be a graduate of an incorporated dental college, with intent to deceive the public, was made guilty of a misdemeanor.

In 1901 it was provided by Chap. 215 of the laws of that year that no dental degree should be conferred in this state except Doctor of Dental Surgery, the Board of Regents being authorized to confer this latter degree upon those already holding this society's degree of Master. There was opposition to this change of the law, very warmly urged by some whose opinion was entitled to weight, but the majority in favor of it was large.

No law is of great value that does not have a sanction, that is to say, does not provide adequate punishment for its violation. This the law of 1868 failed to do. It did, however, contain the provision that this society should be entitled to all the privileges and immunities granted to the Medical Society of the state, which, literally construed, would have entitled us to grant medical diplomas. No one was obliged to submit himself to examination, no license to practice was required, and consequently no penalty for unlicensed practice could be imposed. The great result of the statute was the creation of state and district societies, whose persistent efforts for the betterment of the law have educated slowly both the profession and the public to a realization of what the qualifications of a dentist should be. The barriers to advancement have been gradually overcome. With the law's amendment, and, as we believe, in part at least on account of it, the standard of education has been advanced, and that advance has been reflected in the papers read before the society, which, dealing at first with strictly technical and practical matters of technique, or with general exhortations directed to the improvement of the profession, have been increasingly scientific in their nature.

In 1877 and 1878 strenuous efforts were made to obtain a law requiring the diploma of a college or of the State Society as a prerequisite to license. But the proposed measure met strong opposition, especially from Brooklyn, and was defeated. Its opponents urged that the measure would deprive practitioners of their livelihood, that the diploma was a fetish, importing no special skill and knowledge, and that the school of experience was the best educator. In the fol-

lowing year, however, this step in advance was made by Chap. 540 of the laws of 1879, a short act declaring it a misdemeanor for anyone to practice dentistry for fee or reward without a diploma from the society or an incorporated college recognized by the society, violations of the law to be punished by a fine of not less than \$50 or more than \$200. It was provided, however, that nothing in the act should apply to persons engaged in practice at the time of its passage. This also met the objection that the law would deprive men of their livelihood. The other step in advance made by this law was a requirement that within sixty days from its passage every practitioner should register in the office of the clerk of his county. Thus, after the lapse of eleven years from its organization, the society obtained the requirements of license and registration such as they were. Many, however, failed to register, and two years afterward, in 1881, an act was passed extending the time of registration. The enforcement of the law was at first intrusted to special committees appointed annually, and without resources.

In 1875 Dr. C. A. Marvin, from the committee appointed to prosecute violations of the state law, made a verbal report that no action had been taken, and a resolution was adopted to refer that report to the same committee, and to give them a year's longer time for prosecution. In the following year that committee—Drs. Marvin, Austin, and Harvey—reported that only one case of violation of the law had been brought to their notice; that as the person alluded to had died, no action had been found necessary, and that it was hoped that no need of any further appointment could be found to exist. In the follow-

ing year another special committee upon the amendment of the dental law, composed of Drs. Francis, Hill, and Daboll, reported a short act prohibiting practice by any person not having received a diploma from some incorporated college or the State Society. The report was adopted and nothing more done.

APPOINTMENT OF A PERMANENT COMMITTEE ON DENTAL LAW.

A special committee was again appointed, with like meager results, and in 1883 a permanent committee on dental law was created, which in the following year reported that although it had been notified of its appointment, it had received no definite instructions as to procedure, whether to await charges from a district society or to proceed upon its own initiative. It did report, however, action upon various cases, in none of which were legal proceedings instituted. In the following year, 1885, this committee reported their efforts in a number of cases, and concluded by suggesting that the committee be allowed to employ counsel, and this they did in the year 1888.

From that time on, prosecutions were steadily conducted, with the result that in some years conviction was obtained in every case tried, and out of the hundreds of prosecutions convictions have been obtained, so far as I have been able to estimate, in over 90 per cent. A few civil cases also arose. The first was a mandamus proceeding by one White to compel the writer as a member of the State Board of Censors to issue a certificate allowing the relator to register as having been engaged in practice prior to 1879. In that year he had attained the mature age of fourteen years, and the

application was denied. Actions also for false arrest or malicious prosecution were brought and defeated. Constant efforts were made to extend and enlarge the so-called student clause allowing persons under the instruction of preceptors prior to the licensing act to be admitted to examination without other qualification. All these attempts were defeated, and the clause finally eliminated.

It was found that while prosecutions in the county of New York—which after the first few years were tried in the Court of Special Sessions, composed of three justices—were almost invariably successful, it was extremely difficult to procure convictions in other parts of the state. Two typical cases illustrated this difficulty. Complaint was made of one B., of H. county. He was unregistered and unlicensed. He had left Massachusetts under a cloud. He falsely qualified as an expert in an assault case, testifying that he could tell from the appearance of the alveolar process whether a tooth had been pushed in or pulled out. The action in which he so testified was founded on a woman's complaint that her brother-in-law had knocked her tooth down her throat, and the brother-in-law's defence was that in trying to protect himself from her assault his finger got into her mouth, and in pulling it out he had extracted the tooth.

The case against B. was sent three times to the grand jury. Its members being friendly to the accused sent for him, and discussed the constitutionality of the law. Mr. Justice Kennedy of the Supreme Court on the third occasion instructed the grand jury that their duty was to pass upon the facts, and that they had nothing to do with the constitutionality of the law. Finally B. died.

The whole matter turned largely upon the unpopularity of the complainant, who had been an expert in the assault case in opposition to B. Feeling ran so high that a local newspaper said editorially that while of course B. was technically guilty, no grand jury in the vicinity would indict him.

Another case in Warsaw showed the influence of local feeling. Two licensed dentists went there to practice. They complained that a practitioner, a native of the place, was unlicensed. The grand jury sent for the book of registry, and finding that neither the complainants nor the accused were registered promptly indicted the complainants, but refused to indict the equally guilty accused. These examples are only some of many.

The society's prosecutions of corporations were also successful. It may be considered the settled law of this state that corporations cannot practice law, medicine, or dentistry, or it might have been so considered prior to the passage of the dental act now in force, which, contrary to these decisions by the courts, allows corporations practicing dentistry prior to its enactment to continue in practice, although the practice of law and medicine, implying personal relation between the practitioner and his client or patient, is confined to individuals.

Throughout the time during which the society has endeavored to enforce the law, it has labored under the disadvantage of insufficient funds. Under the original acts of Legislature the fines were given to the public-school fund. As there were no prosecutions, that fund did not benefit. By amendment, only the excess of receipts from fines over cost of prosecution was to be so disposed of, and as there was no such excess, again the school

fund reaped no harvest. Eventually all fines were given to the society, but never did they cover the cost of prosecution. So also the excess of fees for examination over cost was given to the society. The cost of prosecution in no year has been equal to the salary of a deputy district attorney in New York, while societies for the Prevention of Cruelty to Children and of Animals, aided by individual subscriptions and large endowment funds have had incomes amounting to as much as \$100,000 a year.

Under the law of 1916, prosecutions are now required to be initiated by complaints to the Regents under oath or sustained by other satisfactory evidence. If upon investigation they are found to be true the Regents refer the complaints to the Attorney-general for prosecution, the fines being given to the State Board of Dental Examiners. Annual registration is now required. The advocates of this change of the law argued that out of the receipts from this source a large fund would be annually available for prosecutions. What the results will be remains to be seen; it is hoped that they will be commensurate with the increased resources.

Apropos of the criticisms made of the society's prosecutions, it should be mentioned that they emanated largely from members of the Eastern Dental Society of New York and of the Allied Dental Council, and were spread by their organ. The Dental Council employed as its agent one M., who had been employed for a few weeks by the Second District Society, and subsequently by the Law Committee of the State Society, upon representations that he knew of some 360 unlicensed dentists. He failed to give their names; his methods were unsatisfactory, and he was discharged. Thereafter

he was employed by one R., twice convicted on the society's complaint, and as he admitted on the witness stand, was desirous of "getting even."

M. circulated defamatory stories attributing "grafting," as it is called, not only to former agents, but to the chairman of your committee and its counsel, representing them to have collected enormous sums from unlicensed practitioners. He included in his stories the offices of district attorneys of New York and Kings counties, which he said were controlled by your counsel, a judge on the bench, and others. Charges were preferred against him to the Comptroller of the state. Every opportunity was given him to substantiate his statements, and his license as a detective was revoked. The deputy state comptroller, who heard the charges, in a written opinion found them to be groundless. He, M., sued out a writ of certiorari to review this finding, and the appellate division of the Third department, after hearing arguments upon a voluminous record of over a thousand pages, unanimously ordered dismissal of the writ with costs against M., and thereafter denied his application or appeal to the Court of Appeals.

In the course of that hearing it transpired on the cross-examination of Dr. R., a witness for M., that he had given a certificate to the Regents of good character for one M. G., also a witness for M. This man had previously testified in defense of one DeL., who had been twice convicted by the State Society, and again prosecuted by the Allied Council. G. having testified that he had done the work that DeL. was charged with doing, after an interview with Dr. R. made affidavits that his testimony was false; in one way or the other he had sworn

falsely. Dr. R. admitted that he communicated with G. in the course of the last prosecution, and had known him only a few months. Nevertheless he subsequently certified to the Regents that he had known him three years, and believed him to be of good character and worthy of admission to the dental profession. Charges were preferred against him before the state board, and after a hearing he was suspended from practice for a year. The Regents confirmed this finding. He also sued out a writ of certiorari and the appellate division dismissed his writ with costs.

These prosecutions necessarily affected the Law Committee of the society, and reflected upon the society itself. They consumed months of time and involved much labor on the part of counsel who conducted the prosecution, but no compensation has been received by him, and

his disbursements incident to attending the sittings of the court in Saratoga and Albany have not been repaid.

The law as it exists is not perfect. It is the result, as so many laws must be, of compromises, such as permitting corporations to practice dentistry, despite the rulings of the courts. But it is hoped that before the centennial of the society arrives, the educational advance in the profession will be as great commensurately as it has been in the past—that the law will be perfected and made a simpler statute, and that dentists will have achieved their true position as practitioners in a special field of medicine and surgery. Until that condition has been brought about, the question will always arise whether operations properly within his scope constitute practice of medicine and violations of the medical law.

The Past and Present of Operative Dentistry.

By B. HOLLY SMITH, D.D.S., Baltimore, Md.

MR. PRESIDENT, LADIES AND GENTLEMEN:

I AM glad to come to New York, because of the fact that I have many friends here, and also the recollection of so many interesting occasions.

The interest that New York has always had in dentistry seems to me to be clearly shown by a casual survey of the early organization of our profession. In New York State there has always been a forward look. We had Dr. Carr tell us this morning something of the history of this organization up to date. (I told Dr. Carr I was mighty glad to hear him again in his old belligerent attitude.)

The organization of dentistry into the American Society of Dental Surgeons was accomplished here in New York, and its successor, the American Dental Association, which was the outgrowth of the American Dental Convention, was formed here also. I have a quotation here from Dr. Chapin A. Harris, showing the intimacy of the men who worked in Baltimore with the men in New York who had to do with the first institutions of teaching dentistry—the responsibility they felt for the advancement of dentistry, and the co-operation of the men of New York with these men in the organization of the first semi-national association known to dentistry.

As early as 1817, Dr. Hayden proposed the formation of a national dental society, and visits were made to Philadelphia, New York, and Boston to further this purpose; and yet it was not until 1840 that some fifteen or twenty men met in New York to organize the "American Society of Dental Surgeons." Dr. Hayden was elected the first president, Dr. Harris secretary. Three years later, this association, numbering one hundred and twenty-five members, met in Baltimore, and Dr. Harris in his address said: -

In all great movements, either in religion, politics, science, or benevolence, the American character and the popular genius of all our institutions immediately direct us to lay hold on the great principle of voluntary association, as an agent of stronger moral power than any known in the country, to effect any desirable good. We have no wealthy and powerful privileged orders to command any given amelioration or improvement, and hence we combine the power of popular number and bring it to bear upon the objects we desire to accomplish. This national peculiarity accounts for the numerous benevolent and scientific associations found in the United States, before the moral power of which, vice, ignorance, empiricism, bigotry, oppression, and long-established habits and modes of thinking are fleeing away like mists of the morning before the rising sun. This will furnish the reason why America can boast of the first society of dental surgeons ever

associated together in the world; and if this association shall produce results in any manner comparable to those produced by other American associations, now the wonder and praise of the world, the character of an American dental surgeon will stand as high on the archives of science as do the names of Washington, Franklin, Hancock, Henry, and Jefferson on the roll of freedom, or Mills, Judson, Perkins, and Hill in the annals of American missionary benevolence.

The American Society of Dental Surgeons was succeeded by the American Dental Convention, a body without constitution or by-laws—a simple meeting or conference. This organization was of short duration, and was itself succeeded by the American Dental Association, which held its first meeting at Niagara Falls in 1859. This was from the first a delegate body and had a successful and continuous existence until merged with the Southern Dental Association into what we now proudly recognize as the National Dental Association.

GOLD FILLINGS.

A short time since I purchased a book, written in the City of Brotherly Love, which said, in the 43 pages devoted to the "stopping" process, that the hammered gold filling was ridiculous and obsolete. That was all that was said about gold fillings. It is interesting to know that in the time of Chapin A. Harris, whom I quoted in the early part of this address, dentists beat out their gold from the coin of the realm, and made fillings many of which are still in the places they were meant to fill. Those operators, of course, were few.

I do not believe Robert Arthur ever discovered cohesion. I think anybody who ever handled gold or gold foil must have discovered its cohesion and done

everything they could to subdue that quality. Robert Arthur, however, got the credit for it, because he wrote a treatise on it, and thus opened a field that had not yet been occupied. Varney, Bonwill, Webb, and many other splendid operators later demonstrated the possibilities of cohesive gold.

It has been some time since the rubber dam and the electric mallet were considered of much importance, but for a long period they were the sheet anchor of the dentist. I do not know that I have a right to say this, but it seems to me a sort of disintegration of moral and ethical character to be swept off our feet because something new comes up:

Be not the first by whom the new is tried,
Nor yet the last to lay the old aside.

Do you remember J. Foster Flagg and the time the journals were so full of what was called the "new departure"? He said he would never put in another gold filling as long as he lived, and an army of men said they would not either.

I do not believe you think the hammered gold filling is obsolete even yet, but there are many men in dentistry who would be glad to have an excuse not to hammer fillings, because they never did it properly.

I would like to make a plea for a partial return to the use of gold in filling teeth. The "new departure" only gave accentuation to a slovenly kind of work—for men who did a kind of crazy-quilt work. The dentist, I have always contended, is responsible to his patient and the profession for the well-being of the patient and for the esthetic effect of his work.

The non-cohesive gold filling had and still has its place in dentistry. I know Ottolengui never knew how to use it,

because I have read his book; and naturally he did not find out its possibilities as I did. I believe every man should be armed with a variety of weapons, and be able to use just the one best suited to each case. I have heard men who were in practice twenty-five or thirty years say: "Well, I'm going home to try some of this non-cohesive gold." Now, I do not advocate it always, but there are times and places where it can be used effectively to the relief of the patient, and a cumbersome operation avoided. In my opinion it still has a place which cannot be taken by the inlay or any other material or procedure.

Think of what instruments have been invented, what splendid methods and technique developed, by the skilful use of cohesive gold. Are we to do without it entirely?

There are three factors that should influence a man in the selection of material for stoppings. First, he must have some consideration for suffering caused the patient. I felt very resentful toward this man [Dr. Stillman], who said everybody was against the dentist and children dreaded him. Why, children come to my office to play with the instruments I have in the office—and incidentally to have some dentistry done. It is not true, as Judge McKelvie said this morning, that it takes as much force to drag a ten-year-old boy to the dentist as it does to take a drunken sailor to the lockup. I do not think any of us like steel on our teeth; it is a human and natural aversion; but dentistry is practiced today practically without pain. Secondly, there is the factor of the time required to do the work; and thirdly, that of the esthetic appearance in the mouth.

I have always thought the dentist must not only be a practitioner, but a teacher;

but, God save the mark! I do not think the dental depot man has any business to teach the dentist what material he should use, and how he should use it. If he knows better how to use it, it is of course well for him to show us; but I think many men have been started on the wrong course in this way. I remember the man who came into our offices crying "Archite! Archite!" It ought to be written on his grave! There is a story of a certain man who would go out with his friends, partaking of everything they had to offer, but never spending any money himself. He disappeared, and someone asked: "Where is Jim?" They learned that he had died, and went out to the graveyard. There was Jim, six feet under, and over him was a little tablet: "This one is on me."

We had the same thing with artificial enamel. Those things were taken up because a drowning man clutches at a straw. Many men, because of their inability to use a certain excellent material, will grasp at any substitute. The artificial enamel was a godsend to such a man and his patients, and he was glad to bolster it up with anything the dealer might say. It was a failure in the most favorable sites, and many times poor discretion made it worse.

After all, it is not the material that determines the value of the filling, but it is the dentist who uses it. There is the man who sends the propaganda through his patients into the ears of your patients and mine: "Dr. So-and-so has a material that represents the tooth structure exactly, it does not hurt to have it put in, and it can be easily adapted to preserving the teeth." That was poured into the ear of that person by the agent of some dental dealer, and that preaching has been to our students and to our young

practitioners a great detriment, and we should guard against it. I give the dealer credit for many things. He has a large share in the usefulness of dentistry. He does it because he wants to make money out of what he produces, and he is entitled to do so if he produces the right thing.

Then there is the man who tells you about "silicious cement." He sets his inlays with "silicious cement." I would expect them to fall out unless they were well seated.

All honor to Dr. Black in his work for correct cavity preparation; we honor him wherever his name is mentioned. But Dr. Black was the leader of a camp, and many of his followers went under. Unquestionably a great amount of benefit has been derived from the proper preparation of cavities, and Dr. Conzett, who is one of the exponents of this, came to Baltimore last week, and gave us his ideas on the beveling of the cavo-line, which is of course very desirable for inlays. I said, "You come here to talk on operative dentistry, and you talk on gold inlays, and that makes me mad. Have you given up making gold fillings?" He said, "No, but that seems to be the most popular way to do it." I would not have my boy as a dental student be without the technique which he develops from the manipulation of varied forms of fillings, for anything in the world. He can train a girl in a few weeks to cast his inlays, and he can do his preparation of the cavities in his office in a little while. Dentistry is getting to be "easy," and I do not think we should consent to it. It is a slacking down, and a warping of the moral character of the operator, to say he is willing to give up that which we know has been so good, and go off into this new camp.

I know I have only touched a few phases of this subject, and the other gentlemen will bring out more interesting data than I have. I did not say anything about the combination of gold with other materials. We have seen that at the clinics, combinations with cement and even with amalgam, the Morgan-Hastings gold, the Steurer's gold, and the other plastic forms which were a contribution to making gold filling easy.

There are few things I have ever seen for which I had a greater feeling of admiration than a certain mouth I saw—a patient of the late Dr. Perry's. There were no inlays. The mouth was clean, and it looked as fresh and sweet as a mountain spring. The saliva was free from any taint; of course it was a healthy subject, but the mouth was beautiful because of the splendid care of Dr. Perry. Could anyone persuade me that there could have been any error in the use of the materials Dr. Perry resorted to in the treatment of that mouth, and all the other mouths that came under his care? Of course, we can count the distinguished operators on our fingers, but that should not deter us from trying to imitate them. There are hundreds of men who have never come to the front in the conservation of tooth structure, and I suppose it is natural that they should be hunting some easy road to success, but let us not give up all that training which made the American dentist so peculiarly deft and skilful in the use of his fingers.

I used to fight with old Dr. Bonwill about his patents. He spent almost a whole night with me arguing about it—it was somewhere in Kentucky—and the burden of his argument was that the things he had done that were really valuable he had given to the profession, one

being bibulous paper, with which to pack amalgam. I have seen some of the plus amalgam fillings of Bonwill that were the envy of my life. They had been well made, and were lasting. These combinations of other materials with gold are still of value, and there is no reason why they should not be used.

I have wondered how it was that sometimes I saw, in the silicate cement I used, that brown line. I have seen silicate cements put in little tubes, dropped

in water and then shaken up; it was evident there was a contraction. Dr. Head says these are indestructible and they stand wear. They will not stand wear when exposed to occlusal stress, and they are not satisfactory to build up angles. I have resorted to these silicate cements in facings, instead of showing the gold, but the man who says it should be substituted for more durable materials, I think, is wrong.

DISCUSSION.

Dr. R. Ottolengui, New York. There is one great difference between Dr. Smith and myself—there are a number, of course, but I mean one to which I particularly would call attention: He admitted today that he does not like to hear me talk, whereas I just love to hear him talk. The main satisfaction I had in finding my name on the program to discuss Dr. Smith's remarks was that I would necessarily be present to hear them.

I wish to correct an opinion that I see is in your mind. Telepathically I feel you think there is an antagonism between Dr. Smith and myself. I thought so myself for a number of years, until I found that Dr. Smith is the living embodiment of the saying, "Whom he loveth he chasteneth." He feels at liberty to say just what he feels for those for whom he has affection. The more he criticizes me, therefore, the better I like it. After I grew to appreciate that side of Dr. Smith, I got close enough to him to learn more of his real character.

I want to remind Dr. Smith of the Jamestown meeting. Dr. Taggart expounded at that meeting his method of making gold inlays, and a Southern methodistical orator arose and said: "Woe is the day! Today dies all that is artistic in dentistry." I used to live in the South myself, so I got up and said: "Hail is the day! For today is born all the artistic opportunity in dentistry."

Now, what do we find about the gold inlay, and the gold foil filling? We find there is a definite place for the gold foil filling, as well as for the gold inlay, and it takes the same skill, and the same artistic ability, to do one correctly as it does to do the other. I believe that in a small cavity it is almost malpractice to put in a gold inlay. We have no right to cut away good sound enamel and dentin because we find it easier to let our laboratory man make an inlay for us to cement in than it would be to fill it by the methods that we know will make a filling that will stand for twenty-five or

thirty years, if we do it correctly. But just in proportion as it becomes our duty to restore an occlusal surface and the true form of the tooth, it becomes our duty to make a gold inlay, and to use the best that is in us in making it. What shall be our standard of a gold inlay? That every part of the margins shall be as perfect as the best foil filling ever made; and to do that there is no short road, and no easy method, by any means.

To surprise Dr. Smith and the rest of you by not making a long speech, I want to say in conclusion: There is no system in dentistry that is universally applicable, because ours is not a mechanical art. The one pitfall in dentistry is the word "system." We should re-

member that we are working on living tissue, and there are almost as many variations in human tissues as there are human beings. Some men take six grains of morphin four times a day, and thrive on it; while if another took one-sixteenth of a grain he would die. So it is with all the other tissues of the body. You must be something more than a dentist, more than a mechanic, more than a physician, to determine what is best. We cannot fill teeth with one kind of filling. We cannot say one style of gold is always better than another. We cannot say the inlay is a slipshod method. We cannot say there is only one way of treating a diseased tooth, or that there is only one system of regulating teeth.

Report of the Committee on Practice.

By PAUL R. STILLMAN, D.D.S., New York, N. Y.

CHAIRMAN OF THE COMMITTEE.

IN reviewing the subject of practice, your committee is unable to report any epoch-making achievement or conspicuous advancement in dental science during the past year. There has been, however, a remarkable excellence in the current literature in dental science. This would seem to indicate a growing culture in professional work in marked contrast to that of a decade ago. The interest in postgraduate study is vigorous and widespread, and this interest extends practically to every department of dentistry.

Indicative of the professional interest shown in the problem of periodontal and periapical infections, is the fact that both the First and the Second districts of this society have given their entire attention to these subjects in the scientific programs of their meetings.

The pendulum of professional interest swings to extremes. Time was, and it seems but a short interval since, when the subjects of pyorrhea and the management of root-canal fillings brought but only a meager squad of regular attendants when these subjects were announced for discussion at society meetings. It was then the technique that

was of particular interest. At the October meeting of the First District Dental Society not less than three hundred intensely interested members sat for two and one-half hours and listened while Dr. Frederick B. Noyes of Chicago discussed his slides, dozens of which were exhibited, showing the intimate forms and relations of the tissue cells of the teeth and their investing structures.

ROOT-CANAL TREATMENT.

Until very recently dentistry has failed to take cognizance of the importance of applied histology and pathology as revealed by photomicrography. The sadly meager preparation in these fundamentals which most of us received while preparing for our D.D.S. degree left us quite unprepared as to the basic principles underlying the demands of our present practice. So long as we confined ourselves to the filling of cavities of the teeth or the making of two-piece gold crowns, we were well within the range of our capabilities; but when we undertook the treatment of septic root-canals of teeth which had lost their blood and lymph supply through infections of

the pulp; when we treated these conditions empirically, vacillating from one recommended nostrum to another and in vain hoping for success, a degree of knowledge was required which the average practitioner did not possess.

In retrospection of the past twenty years it is difficult to conceive of a more dangerous and unsurgical procedure than the sealing up of root-canals which contained dead animal tissue. The periapical infections which followed this practice are so universally believed at this time to be the foci of metastatic disease that mention here would seem almost superfluous. It would be just to call attention to the fact that during the period of darkness through which we passed there were a few enlightened men in our profession whose practice and teaching will stand out prominently through posterity whenever this subject is discussed. These pioneers understood the pathologic significance of these infections even when their sequelæ were yet to be revealed. They did not then know that periapical infection by streptococcus viridans was productive of arthritis deformans, arterio-sclerosis, rheumatism, and the numerous other lesions which recent researches have disclosed. What is remarkable and most extraordinary is the fact that the pulpless teeth the roots of which were filled by these men more than half a score of years ago, were at that time conscientiously cleaned of the entire pulp contents and the canals filled, yes, even to and sometimes through the apex and encapsulating it—and this during a period when our colleges were teaching a technique of filling root-canals with cotton wool and iodoform. All honor to these great men.

The indictment of the dental profession for the practice of surgical crime in

the treatment of root-canals is a matter of history.

Calling forth much attention in dentistry, and a decided step in advance of the accepted theories in general surgery, is the application of the principle of ionic sterilization.

To sterilize an infected tissue while it is yet within the body is an epoch-making procedure. Well may Medicine extend her interest in the science of dentistry, for have we not taught her that teeth are the sources of infection in many diseases in which she had been satisfied to treat the symptoms, for the reason that she did not know and would not believe there was anything else to treat? Modern dentistry has accomplished this, and offers abundant and convincing proof in hundreds of radiographic records of cases reported as evidence that a true sterilization of infectious periapical areas has been accomplished and bone regeneration excited by means of ionic medication.

Periapical infection from the surgical standpoint demands root resection and drainage, and while this is at times necessary, sterilization without drainage is an accomplished fact.

CONDUCTION ANESTHESIA.

The recent achievements of dentistry in conduction anesthesia of the head by the blocking of the ganglia of the fifth nerve have been so marked that this method of producing anesthesia has been adopted by the medical specialist in throat surgery. The infiltration of an infected tonsil hypodermically, a quite unsurgical procedure, has been practiced extensively. It may now be abandoned, for it is possible to anesthetize a tonsil by nerve-blocking, and to carefully dis-

sect it out with complete absence of pain. Dentistry is teaching medicine some things which must have a profound influence on surgical practice. Not only must the dentist radiograph the teeth and alveolar processes for his own diagnosis, but the surgeon must also have this information for the diagnosis of all cases of obscure metastatic origin, the diagnosis being made by the dentist.

U. S. ARMY DENTAL CORPS.

The organizing of the U. S. Army Dental Corps as one of the constituent parts of the medical department of the army under the supervision of the Surgeon-general of the army comes as a happy consummation of the fond hopes of our profession. Dentists have long felt that dentistry is and long has been an integral part of medicine. While it has been taught in separate schools because of the technical procedures which require special teaching and clinical requirements, its curriculum has expanded and advanced along with that of medicine.

The fundamental sciences which collectively compose the study of medicine are duplicated in the dental schools. The preparation of students in the best institutions of dentistry in such sciences as anatomy, physiology, chemistry, histology, and general pathology are not surpassed by accepted medical schools. The requirements for dental matriculation and graduation have been brought up to the present-day standards which have been set by similar medical schools.

These facts, however, seem not to be the poignant reason for the present recognition which has been for so many years withheld. It has come through a widespread acceptance of the relative im-

portance of the rôle which mouth infections play in the etiology of systemic diseases. It has been through the results of dental as well as medical research that the present intimate relation of medicine and dentistry has been brought about. During the past five years the attention of the whole world has been incessantly called to the results of dental science in the treatment of oral infections and their sequelæ. Infections of the eye, ear, nose, and throat, infections of the heart muscles, the joints, the whole gastro-enterologic tract, etc., have been correctly attributed to foci which are legally and otherwise within the exclusive field of dentistry. Cases in private practice, many of which have never been reported but which are in their importance no less impressive, have centered the attention of the whole world upon the importance of oral health and its application in medical prophylaxis. Couple these facts with the reports from the European hospitals that wounds of the face and fractures of the jaws compose twenty per cent. of all injuries which are brought in, and many of these complicated and prejudiced by the presence of septic teeth; the prevalence of "trench mouth," which is doubtless a type of ulcerative gingivitis—Vincent's fusiform bacillus infection, an infection of the gingiva which is the most devastating of all oral infections—and we may appreciate the importance of the rôle which the U. S. army dental corps is expected to assume.

TREATMENT OF INJURIES OF THE JAWS.

During the past year there have been shown at various medical and dental gatherings a large number and a great variety of lantern slides and even some

motion pictures, detailing all sorts of jaw operations and methods of treating jaw cases. Slides have been exhibited which were made from photographs taken at the hospitals of the Central Powers as well as from those of the Allies. The notable and outstanding feature in connection with all these exhibits has been the marked contrast in the methods as well as the results obtained in cases where operation or treatment was supplemented by the use of orthodontic appliances, and those where other types were used. The orthodontic appliances as exhibited were very poorly selected, and their manner of adjustment indicated a lack of fine orthodontic technique which could not fail to impress an orthodontist with the crude management of these cases. In spite of this, the results in the cases which were treated by orthodontic methods were far superior to those in which any other method was employed.

The metal or vulcanite interdental splint or any other appliance which locks the jaws is dangerous to life, as well as being clumsy and unsanitary. The disadvantage of appliances of this type is practically illustrated by the case of nearly one hundred British soldiers who were being returned to England by a Channel boat. The men were all wearing in one form or another interdental splints. Seasickness, with its usual symptom of vomit, caused the death by strangulation of these wounded. This makes one inquire why the knowledge and skill of the specialists in orthodontia has not been mobilized by the medical corps of the army for the benefit of our own boys.

SPECIALIZATION IN DENTISTRY.

This is the era of the dental specialist. The ranks of general practice are being

deserted daily. The busiest men in dentistry are quietly taking up special branches and delegating to associates those departments of general practice in which they recognize personal and professional weakness, or for which they have an actual distaste. First it was exodontia. The extraction case was a nuisance in the office. The extraction specialist solicited this work, which was never profitable unless done in volume, and so all cases were thereafter referred to this specialist. Next it was orthodontia. Who has not heard the tales and seen the fearful and terrifying results of pre-Angle orthodontia—arches mutilated by the extraction of sound teeth? For at that time it was believed that the teeth were too large for the jaws. The general practitioner was glad to delegate this work to skilful hands when the necessity of normal occlusion was finally understood.

The specialist in prosthetic dentistry developed into a prosthodontist through his conspicuously superior skill. At first only those cases which had been classed as "probably impossible to fit" after an experience of several failures were referred to him. Previous to the perfecting of the anatomical articulator vulcanite dentures were the least profitable kind of practice. Vulcanizing was malodorous and plaster of Paris kept the office untidy. Crown and bridge work came in, and the vulcanizer was forced out of the laboratory.

The casting process of Taggart revolutionized both operative and prosthetic dentistry. In the last twenty years almost every method and principle of practice, except the cavity preparation of Black, has been abandoned for newer, more modern, and obviously better methods. The amalgam filling has burst

its cocoon, and from that disgusting larva—the thumb-carved abortion of the late nineties—it has emerged into a beautiful butterfly, the carved, contoured, and burnished amalgam restoration of the present day.

The pyorrhea specialist has developed into a periodontist, choosing as an exclusive specialty the treatment of the several pathologic conditions which attack the investing tissues of the teeth.

There is also the radiodontist or dental roentgenologist. Soon there will be other specialties. Where will it all end? Is dentistry to disintegrate through this process of division and subdivision? Twenty-five years ago there were simply operative and mechanical dentistry and we all specialized in *both*. Today the conscientious dentist must spread himself out very thin, or realize that he has fallen down and is being buried under an avalanche of practical results of research and modern methods due to scientific investigation.

There is an ancient adage which says, "One swallow does not make a summer." In the light of the advancement which has been made in the practice of dentistry during the past few years may we not paraphrase, and say, "One graduate does not make a dentist?" Are we to believe that this beloved profession of ours has outgrown the man, or that the sporadic development of specialists in dentistry over the length and breadth of this continent has sounded the death knell of the general practitioner? The Middle West and the Pacific Coast have two specialists (to the percentage of population) to one in the East. Specialization is in the very air.

Every dentist who is worthy of the name and who still possesses the vigor of his manhood is making every effort and

straining every fiber in an effort to adopt into his daily practice the conspicuous improvements that are at intervals being introduced; meanwhile the avalanche of excellent material is continuously descending upon him.

What of the public—the laity who compose the vast *clientèle* of dentists? Do these millions like the new era? Do they approve of being sent to this office for one operation and to that one for another? They do not. They are demanding service of every conceivable dental sort from the specialist, and they are being inconsistently refused. An efficiency engineer has expressed himself as follows:

You specialists are making the greatest mistake of your professional history with your medieval methods of conducting your practices. You deny that there is competition, and yet you all compete. Are you more ethical than the banker or the engineer or the architect or the surgeon? You are not. Certainly banking is a business and so is every professional occupation a business—when it is successful—and when it is not a business it is a business failure. This idea of being sent from one office to another, from one dentist to another, is absurd. Who would enjoy a banquet which served the soup in Washington Square and coffee on Washington Heights and the other courses all along the route? Did you ever hear of the Mayo brothers, the doctors of Rochester, Minn.? Are they ethical? Are they respected? Who is the president of the American Medical Association? Dr. Charles Mayo. Is he the best surgeon in the world? Probably not, but he and his brother are the most successful physicians in the world. They are serving the public better than any others in the world because they understand the modern idea of consolidation and co-operation. The trouble with you dentists is that you do not know the elements of economy nor the meaning of the word business. As a class you do not make one good investment of your savings in ten. You are notorious marks for the wild-cat-scheme promoter and the fake mine-stock

salesman. If it takes six of you fellows to make one dentist, for God's sake consolidate and make one. Save the item of at least five office rents per year and distribute the sum among yourselves, and don't forget that you need a business associate to look after that department, for there isn't a single business man in your whole profession.

Can it be true that this is the opinion concerning dentistry which is held by others besides this efficiency enthusiast? Would it be possible, for instance, to group the four dentists in a village of, say 2500 population into a co-operative group with one common reception room and suite of offices, and to persuade the young teller of the local bank to become a business associate with an equal interest in the earnings with the other associates? Your committee does not presume to answer. It is possible to conduct a medical and surgical hospital wherever one can be supported. Why not a dental hospital?

This conversation is interpolated in this report to arouse discussion. It is submitted.

Those who have made the most conspicuous success of specialties have done so after some years which have been devoted to general practice. In other words, they have evolved in the natural way. The special field in which their talents and their tastes have developed gradually crowded the other branches of work out of the daily routine. A short course of postgraduate instruction to clear up some of the less understood or the more perplexing phases of their work, or some instruction by the side of a preceptor who had developed further in the specialty, sufficed at best to convert the general practitioner into a full blown specialist.

Now we have seen emerge the schools for the making of the dental neophyte into a dental specialist. Young men

fresh from college who are still without the important and broadening experience of several years of successful practice are entering these institutions. The next step is the mailing of the familiar announcement which informs all who may receive it: "Practice limited, etc. Office hours 10.30 to 2."

The entering into specialization signifies a frankly acknowledged ability in some chosen special branch. When an announcement is backed by real ability plus experience, the world is better for the change perhaps, but when a specialist is announced whose only excuse is a greedy desire to profit at the expense of the profession and public and a desire for larger fees and shorter hours, every man in the profession is at once personally injured.

The time was, and in this state it was less than forty years ago, when anyone could practice dentistry if he could make the public believe he could. Our society put a stop to this, and had passed a dental law which protected both the dentist and the public. The day is not far distant when the law will be called upon to protect the public from and which will define the specialist. This committee respectfully recommends to our president and to the Legislative Committee that an investigation be made into the abuses of pseudo-specialists, and that suitable laws be submitted to the State Legislature which will define the specialist and authorize and license only those who are competent.

There is another danger, and that is to the specialist. The past president of the National Dental Association, Dr. L. L. Barber, in his address last year, had this to say:

The danger of specialization is its narrowing influence. It is an extraordinary man who can continue upon a single objective

without losing his sense of proportion. Brains, as farm lands, are enriched by diversification, and deteriorate when devoted too long to the same purpose. Efficient thinkers re-vitalize their minds with a variety of interests. Their intelligence remains symmetrical. When a subject especially appeals to you, beware lest you become so wrapped up in it that, like the silkworm, you shut yourself off from all the other wonderful things in view.

Nevertheless, specialization has its advantages and no man is so large that he can comprehend to the fullest all the phases of any profession. But let us not specialize until we become too narrow between the eyes, and our horizon not farther away than the end of our nose.

Like the proverbial fat man, no one really loves a specialist. The long-suffering public patronize them when they feel that they can afford to do so, yet they never love them as they have loved the family dentist. They recommend them to their friends with the same enthusiasm, however, as the small boy, just emerging from the side show where he has just seen the seven-legged horse or the two-headed calf, recommends the show to his friends.

The dean of the graduate department of an important university once called a specialist, "One who knew so much more about one thing than he knew about everything else, that he thought he knew more about it than anyone else did." To which someone has ventured to add that "There also is the variety of specialist who is inclined to think that if he gives any thought to any other subject, he will know more about it than anyone else knows."

Your committee presents you with the specialist already in your midst, and in the classic interrogation made famous by the late Richard Croker, asks "What are you going to do about it?" So commendable is the thirst for knowledge and

so desirable is its satisfaction that nobody should even dream of criticizing adversely the admirable ambition of those who act upon a stern determination to thoroughly prepare themselves to render service as one of our several recognized specialists. Those who have become recognized as specialists are doing all they can by means of special articles, lectures, private courses of instruction, etc., on the theories and practices of their several specialties, with a generous devotion and desire to help any brother practitioner in the achievement of a laudable ambition. Not every practitioner who enters upon a special course of postgraduate study does so for the express purpose of entering upon the practice of an exclusive specialty. Many enter these classes largely for the academic value and the broadening influence which special knowledge must necessarily have in the daily routine of office work. The broader the academic knowledge of dentistry in the field of the specialist, the greater becomes the difficulty for the man so educated to be satisfied to putter and plod along with methods and technique which he has previously employed, and which he has come to recognize as antiquated or obsolete. He recognizes his personal incapacity to excel or even compete with the superior skill of others who devote their whole professional life to work within definite, prescribed limits. He acknowledges to himself that all of us can no longer become successful specialists at once in every department of dentistry.

To possess the broad, academic knowledge which is expressed in a familiarity with the working principles of every department is an essential which all should possess. To be able to recognize and make correct diagnoses of conditions as

they present, and to decide in the interest of the patient whether an operation and treatment should be personally undertaken or whether in conscience the work should be referred to another man of admitted superior experience and skill, is the province of every ethical postgraduate.

Take for instance the specialty of orthodontia. Not every dentist who has taken special postgraduate work in orthodontia feels free to accept each and every class of cases together with the responsibilities of general practice, and it is this type of man who generally becomes convinced that he must either refer all cases in this branch to a specialist or forsake the burden of general practice and devote his whole time to the study of this new science, which is recognized to be big enough to satisfy his ambitions. To be able to recognize malocclusion and to appreciate the imperative need for early treatment for those who are so afflicted does not demand a co-existing responsibility to personally treat these cases. To

"tell time" one does not have to know much more about a watch or clock than that it needs periodical winding, and as a matter of fact, that is all anybody except the makers and repairers of watches and clocks do know about either. We can contentedly and safely leave such knowledge to specialists, and of necessity we take this attitude in regard to orthodontia, and thus, to be consistent, with all of the other branches of specialized science practical knowledge of which we may by chance fail to possess. The real crime is that one often leaves the work to the incompetent or ignores the necessity for treatment altogether, thus allowing patients to develop into dental cripples by shirking a responsibility either through ignorance or greedy avarice. It is not that one is not a specialist and skilled in the technical details of an exclusive specialty, it is that he fails in his duty to his patient, a duty which carries a greater responsibility year by year as our science develops.

DISCUSSION.

Dr. Leuman M. Waugh, New York. In the report, the chairman spoke of the very unfortunate occurrence of over one hundred British soldiers who, through the vomiting incident to seasickness when crossing the Channel while being returned wounded, died of strangulation because they had appliances in the mouth which could not be quickly removed. The appliances, therefore, that we make must be of such a type that they can be readily removed when necessary!

It was said that certain forms of orthodontic appliances would be more efficient and more hygienic and give better results, perhaps, than any we have used. It is very true that many of us—not only men at hospital centers, but men in little hamlets everywhere—will be called upon, in consultation with physicians, to expand arches and correct malpositions of teeth, because of the mal-adaptation of the parts of a fracture. How can we most readily and easily prepare ourselves

for this? It is common knowledge that in all the warring countries abroad the dental profession was called in late, and when called in was absolutely unprepared to take care of the work. Let us start now—it is already late, but we can make efforts to do what we can for the men who are giving their blood and chancing their lives, so we can take care of them when they come home.

I have here a suggestion which I would like to make. The demerits of the suggestion please credit to me, and if it has any merit I shall be very glad. On Saturday, when I left home, we had registered 15,600 men. I am coming more and more to the conviction that there are many men who are working for the Preparedness League who are not registered at headquarters—men who have joined their local units, thinking that made them national members, but it does not. I think we have more men working for the Preparedness League than are in the National Association. Be sure the men who join the local unit have their names and their membership fee of one dollar forwarded to the National Association.

The President. May I ask a question? You speak of the Preparedness League giving their time to United States army men. Do you mean discharged men?

Dr. Waugh. I mean men who are coming home wounded.

The President. The Preparedness League has no access to the man who is not discharged. That man is under the charge of the dental corps.

Dr. Waugh. The idea is for the Preparedness League to get that recognition, and to work as some of the men in New York are now working. I do not know whether I may be allowed to tell, but Dr. Stillman is organizing a unit in which

the men are to be given rank. It is inconsistent with the beneficent service and the work done, not to give them rank.

Those men who can pay for the service rendered are expected to do so. Those men who admit that they are capable of paying are not sent to the League members for service; only those who could not have the work done before they entered the army will receive the work gratis.

Dr. Hayes, who is at the head of the American Ambulance in France, had a great deal of money given to him by some wealthy ladies, for taking care of the wounded soldiers. He would not accept that money until he had sufficient recognition, for the reason that if the dental corps did not have army recognition, a sergeant in the regular army could come around and order the men to do what he wished. We must petition the Government to give us that standing which is consistent with the dignity and the beneficence of the work.

We have wounded men going through New York every day, with legs and arms off, and wounded jaws. They are coming faster than we can take care of them. Are we to prepare ourselves, or are we to admit that we do not know anything about it?

Dr. Frank A. Gough, Brooklyn. The report of the Committee on Practice is of more than usual interest to me this year, and I desire to compliment the committee upon bringing to our attention some very live topics for discussion. Not only is the world approaching its greatest crisis, but our profession is also in the midst of the most critical period in its history, and such time as we may spend here looking to its future will be time well spent.

There can be little doubt that the American orthodontists could be of inestimable benefit in much of the jaw work that is resulting from the war, if some way could only be found to make use of their knowledge and experience. As Dr. Waugh has pretty thoroughly covered that subject, I will omit further reference to it, except to state that I think I can speak for the orthodontists of America and say they will gladly co-operate in any movement looking toward this end.

I see no reason why the efficiency engineer's suggestion should not bear fruit. It seems to me that with the present interdependence of the medical and dental professions, such a plan might include all the specialties of both medicine and dentistry. Such a movement could not succeed unless it had a real leader at its head, however.

I most emphatically differ with the committee in regard to the proper method of developing a specialist. The very reason that orthodontia has outstripped all other specialties in its progress is because it has a great leader whose influence has been felt to a marked degree even by those who have opposed everything he has ever suggested. Such leadership is needed in every one of the other specialties, if they are to fulfil their proper function.

Some of the ablest men practicing the specialty of orthodontia today have never practiced general dentistry. I cannot consider my own ten years of dental practice otherwise than a severe handicap to attaining success in orthodontia.

Children who go to the specialist as frequently as they have to go to an orthodontist, for a period of years usually, become just as loyal and enthusiastic friends of the specialist as any general

practitioner could wish. They often become attached to the specialist more than they do to the family dentist.

If the committee's idea of the natural evolution of a specialist is correct, then every dentist should first learn the jeweler's trade, the toolmaker's trade, engineering, medicine, surgery, and numerous other vocations that have a bearing on the profession.

The preparation for any specialty should be so broad and comprehensive that there would be no need to go through some other profession or business to reach it. The time ought not to be far distant when all the colleges preparing students for the medical and dental professions, or any of their specialties, will have the first two years in common, with the last two given to the specialty they may select for their life-work.

Postgraduate instruction that aims only to "clear up some of the more perplexing phases of their work" is very superficial indeed to men in practice. What men need, who have decided to take up a specialty, is an intensive course in the foundation principles upon which that specialty rests. The little details and niceties are afterward easily added to such a foundation.

I am in full accord with the committee's intimation that the law should define the specialist and protect the public against those who are incompetent to practice it.

We cannot deny that there is a real "danger of specialization in its narrowing influence;" but in this case of orthodontia, its leader so fully realized this and impressed it so indelibly upon his students that they have not only made their influence felt in dentistry, but as a class they are above the average in broadmindedness. As a rule, the men

who take up a specialty are men who are not satisfied with their knowledge or skill, and are willing to study and work to improve themselves. If they continue in that attitude, they cannot become narrow. The real student views the specialty as a constant incentive to broaden his knowledge along all lines and especially those of the collateral sciences.

Those who are eager to specialize because they think they will find an easy road to high fees and short hours are doomed to suffer a great disappointment. The men who have caught the real spirit of specialization find themselves with less leisure, not more. To be successful in any specialty demands constant application and study, not only of the development of the specialty itself, but of all the collateral arts and sciences which have a bearing upon it.

Dr. Daniel H. Squire, Buffalo. While the sense of this excellent report of Dr. Stillman's is rather fearful of the future standards of dentistry, and the underlying thought seems to be one of better service, it also describes a growing desire upon the part of the dental man for intellectual advancement, which is most encouraging. There is a universal desire for greater efficiency in our treatment of patients, so that our relations with them may be one of thoughtful care, rather than one of an empirical nature.

The word "service" means the performance of *duty* in any occupation. It is of the greatest importance to understand the meaning of duty in order that we may render a worthy service. Education is the medium through which we appreciate the relationship of practitioner to patient, and the broader the foundation the higher the ideals, and then will come the full realization of duty.

I do not believe that the specialist who

has a true sense of duty, and who has been well grounded in the fundamentals of dentistry, will ever become so absorbed in his special line of work that he will lose interest in the other branches of his profession. On the other hand, the young man who announces himself as a specialist for no other reason than that of not knowing any better, is not a serious menace to the profession or to the community in which he resides, at least for any length of time. When he was in college, he probably followed the motto: "Never study today what you can bluff tomorrow," and instant specialization after graduation is the natural outcome.

The only way in which to prevent the average young man from taking up a specialty before having had any experience in general practice is by increasing his knowledge. This is being accomplished in two ways; first, by raising the preliminary educational requirements, and second, by increasing the scope of the dental curriculum.

The preliminary educational requirement has undergone constant revision and extension, until now it consists of a full four-year course in a standard high school, the instruction including one year each of chemistry, physics, and biology. It is only a short step to a pre-academic requirement of one or two years of college work, and a little later the full arts course. This is none too great when we realize how diversified are the demands of our profession and how important are its teachings in the preservation of health.

It has been said that ninety per cent. of the college men who are engaged in this great war have been successful in whatever undertaking they have pursued, and it will be found equally true of the dental student, provided his mind has been well

trained prior to entering upon the study of dentistry. This is a practical test of the value of academic training.

With regard to the dental curriculum, it is well known that, twenty years ago, dental instruction was not only inefficient in the teaching of operative and prosthetic dentistry, but extremely superficial in those fundamental subjects which are so essential for the development of the student mind. Dr. Stillman has enumerated the changes which have taken place since that time, and it is only necessary for me to emphasize the early conditions by alluding to a paper written by Dr. James Truman of Philadelphia, entitled "Wanted! a Pathological Sense." Dr. Truman appreciated the great need of a broader scope in dental training.

Today, in the four-year course of dental instruction, there is little choice between the first two years of medicine and those of dentistry. The advantages for clinical instruction have increased to such an extent that a dental student has every opportunity to familiarize himself with the various operations in dental practice. Many changes have been made toward increasing the effectiveness of the instruction. For instance, the treatment of root-canals and the extraction of teeth have been eliminated from the floor of the general infirmary, and the student is taught to do these operations under an environment of surgical cleanliness.

Objection has been made to the introduction of English composition and rhetoric into the present dental curriculum. If those persons who complain of

this advancement in dentistry could have the opportunity of correcting student examination papers for one day only, they would become the strongest exponents of such a course. Encouragement of the student in speaking correctly and writing a paper in which the thoughts are arranged in proper sequence, is one of the most helpful kinds of dental instruction. Even members of dental faculties need not be discouraged from taking such a course.

These days are days of service to our Maker, our country, and to future generations; and I thoroughly believe that one of the greatest benefits of this war will be to make the American people realize more than ever a keen sense of duty and the giving of a higher service, no matter what the occupation may be. This realization of one's responsibilities will exert a wonderful influence toward a co-operative spirit between the teaching faculties and student bodies of dental colleges. There will be a greater desire for work upon the part of the student; he will feel that he is in college for a purpose, and that every moment is golden in his search for knowledge. The *personnel* of the dental faculties will change, and those who are left will assume a different attitude toward their duties; the lectures and clinics will be enriched through thoughtful preparation and study, rather than formulated while coming to the lecture hall. This change is already being felt, and dentistry is unfolding a glorious future.

Report of the Correspondent.

By ARTHUR W. SMITH, D.D.S., Rochester, N. Y.

Root Amputation

THE subject of root amputation was selected for the Correspondent's Report this year because it has a close relation to two branches of the profession which are receiving constantly increasing attention at the present time—focal infection and oral surgery.

A letter and list of questions were sent to 52 general practitioners and oral surgeons throughout the country. Eighteen complete and ten partial replies were received from men in all parts of the country. To avoid repetitions and excessive length only a general summary, and a few quotations will be given.

It is interesting to note that a rather wide diversity of opinion exists on certain phases of the subject. Even the technical name for the operation seems debatable. Several good authorities, including Ottolengui, Kells, and Silverman, use the term apicoectomy, while Blum, Rhein, Burrigge, and others are using the contracted form apiectomy.

QUESTIONS.

(1) Do you consider root amputation advisable in any case?

(2) A. In what cases or conditions?

B. On what teeth (anatomically)?

(3) A. What do you consider the best filling to use in a root-canal previous to amputation?

B. Why?

(4) A. In what percentage of your cases have you had a normal regeneration of the bone following the operation?

B (the reverse of A). In what percentage has the apical area failed to recover?

C. To what do you attribute these failures?

(5) Do you advocate the use of (A) the bur, (B) the chisel, or (C) both the bur and chisel for removing the root apex?

(6) If you radiograph the tooth at intervals after the operation, what have you found to be the average time (in months) in which bone regeneration has taken place?

(7) A. Do you consider it advisable to suture the incision after operation?

B. If so, what are the advantages?

C. If not, what have you found are the objections?

(8) A. Should the operation be performed by the general practitioner or by a specialist?

B. Why?

SUMMARY OF ANSWERS.

QUESTION 1—*Do you consider the root amputation advisable in any case?*

"Yes," answered by 14. "Occasionally," answered by 1. "In rare cases," answered by 1. "No," answered by 2.

The last two are quoted in their entirety.

(Quotations from answers.)

April 17, 1918.

My dear Dr. Smith,—Replying to your favor of the 10th, would say that I have not practiced "apicoectomy" for twenty-five or thirty years, and naturally what I did that long ago doesn't count.

The reason I discontinued the operation was because of its unsatisfactory results. The reason I have not taken it up recently, since it has become a fad, is because I could not do it in a manner to satisfy myself.

I have seen a number of *very prominent* clinicians perform it, and not one have I seen whose work I would care to duplicate. Every now and then a case comes in having been operated upon by some prominent man in the North, and every single case so far seen has been unsatisfactory.

During all these years I have practiced replanting, which I can do satisfactorily. Possibly some of these days I will "catch on" to some trick by which I can apiectomize teeth to my own satisfaction, and then I will switch over to apicoectomy.

In an early issue of the *Cosmos* I will have a paper treating this subject, which I hope you will read, and I would appreciate your criticism of it.

Yours very cordially,

C. EDMUND KELLS.

April 22, 1918.

My dear Doctor,—As I am no longer a believer in apiectomy I do not think it is necessary for me to answer your questions, but I shall endeavor to state very briefly why I believe these operations are a failure. In my opinion the percentage of successful cases of root amputations is extremely small. I question very much if there is ever a normal regeneration of bone following these operations; at least I am convinced from the investigations I have made that an attachment of tissue to the root-end never takes place, which is, I believe, the chief cause for the failures. I do not regard radiographs as being conclusive evidence, as it is not possible to disclose minute changes or disease tissue that may exist, neither is it possible to de-

termine by a radiograph if there is a regeneration of bone in the rarefied area or if dense bone around the rarefied area has resulted from the activity of the osteoblasts in the deposit of osseous tissue in the cancellous portion of the bone. These results can be produced by the stimulating of the osteoblasts by the use of certain remedies.

Trusting this will explain my position regarding the question, and answer your inquiry, I am

Yours very truly,

CARL J. GROVE.

QUESTION 2 (A)—*In what cases or conditions?*

(Quotations from answers.)

Major Robert H. Ivy: "Teeth showing areas of periapical bone destruction with granuloma, suppuration, or cyst formation where not more than the apical third of the root is involved, and where the general health of the patient does not demand more certain and rapid elimination of the focus of infection."

M. L. Rhein: "In such teeth where, after filling the root-canals, it has been found that encapsulation of the periapical ends of the roots has not been attained; in such cases of old infections where the ends of the roots themselves are necrosed; where a broach or other broken instrument may protrude through the end of the root; where some abnormality has produced nerve pressure at the end of the root; other conditions that may present pathologic features that have not been able to be remedied by correct root-filling."

(B)—*On what teeth (anatomically)?*

A great diversity of opinion seems to exist here. All were agreed on the six upper anterior teeth.

(Quotations from answers.)

Earl Brooks: "The ten upper anteriors."

C. H. Oakman: "All single-rooted teeth."

A. M. Nodine: "This operation may be performed on the following teeth, depending upon accessibility, anatomical considerations, and the experience and skill of the operator: About in the order of difficulty of operation and frequency, upper and lower centrals, lat-

erals and cuspids; lower first molars, upper bicuspids, lower bicuspids, upper first molars, lower second molars, and upper second molars."

Theodor Blum expressed the opinion of the majority, however. He said:

"Apicectomy can be performed on all teeth if the apical area is accessible. Ordinarily, only the teeth up to and including the second bicuspids are considered."

QUESTION 3 (A)—*What do you consider the best filling to use in a root-canal previous to amputation?*

Four stated the Callahan method. One specified gutta-percha and chloro-percha, one gutta-percha and eucalypta-percha, and one oxid of zinc cement. Seven said "Gutta-percha," implying the use of either chloroform and rosin, chloro-percha, or eucapercha as the solvent.

(B)—*Why?*

The majority answered that it hermetically seals the tubuli and foramina.

(Quotations from answers.)

Dr. Oakman: "Habit, I presume; never using anything else."

Dr. Nodine: "(1) It is congenial to the tissues. (2) It shows clearly in the X-ray. (3) It may be made to fill the root-canal perfectly. (4) It shows at the point of cleavage and acts as a guide when the root-end is separated from the larger part of the root."

QUESTION 4 (A)—*In what percentage of your cases have you had a normal regeneration of the bone following the operation?*

(B) (the reverse of this)—*In what percentage has the apical area failed to recover?*

Here the replies were necessarily vague and inaccurate, but the questions were asked for the purpose of obtaining some idea of the number of successes or failures one might expect.

Estimations of successful cases varied from 98 per cent. as recorded by Blum, 95 per cent. by Thoma, 90 to 95 per cent. by Furnas, 90 per cent. by Brooks and Nodine, 75 per cent. by Rhein and Ivy, 60 per cent. by Moorehead, down to practically zero by Kells and Grove.

(C)—*To what do you attribute these failures?*

(Quotations from answers.)

Dr. Furnas: "Bad technique."

Dr. Percy Howe: "Lack of vitality in peridentum."

Dr. Blum: "First, operating on badly filled roots (reinfection), and second, using the chisel for removing the apex (root was split and had to be removed about a year later)."

Dr. Brooks: "Reinfection either from root-end or hematogenously, usually the former."

Dr. Moorehead: "Failure may be attributed to faulty technique, both in the operation and more especially, I believe, in the management of the root-canal. The regenerative capacity of the patient is a large factor."

Dr. Oakman: "In trying to do too much, or endeavoring to save teeth which should be extracted."

QUESTION 5—*Do you advocate the use of (A) the bur (B) the chisel, or (C) both the bur and chisel for removing the root apex?*

Ten advocated the use of the bur only. Four advocated the use of both the bur and chisel. One (Dr. Silverman) advocated the chisel alone.

QUESTION 6—*If you radiograph the tooth at intervals after the operation what have you found to be the average time (in months) in which bone regeneration has taken place?*

The average time given was six months. The minimum three months. The maximum fourteen months.

QUESTION 7 (A)—*Do you consider it advisable to suture the incision after operation?*

Twelve answered "Yes." Five answered "No."

(B)—*If so, what are the advantages?*

(*Quotations from answers.*)

Dr. Blum: "Shorter period of treatment; less pain."

Dr. Moorehead: "The immediate closure of the wound lessens the amount of scar tissue and insures a better contour. Where immediate closure is practiced, however, it is necessary at times to irrigate with a sterile normal salt solution. We have practiced both methods, and find that immediate wound closure in our hands is the more satisfactory method."

Dr. Rhein: "This is done to obtain healing by first intention. The same object can be obtained by placing an antiseptic dressing over the mouth of the wound, which will exclude oral secretion until protoplasmic cells have formed over the entrance of the wound. This method has a decided advantage over suturing, and accomplishes the same purpose. I believe it is original with myself and is not generally understood. The operation is a much simpler one than generally expected, and any competent general practitioner should be capable of performing the same."

(C)—*If not, what have you found are the objections?*

(*Quotations from answers.*)

Dr. Howe: "Unnecessary surgery."

Dr. Moffitt: "Suturing interferes with handling of gauze in inducing healing from within outward. For a single root only a small incision is necessary."

QUESTION 8 (A)—*Should the operation be performed by the general practitioner or by a specialist?*

Here again was a marked divergence of opinion. Seven answered, "By the specialist." Four answered, "By the general practitioner." Three answered, "By either."

(B)—*Why?*

(*Quotations from answers.*)

Dr. Moorehead: "Any form of surgery had better be done by a qualified surgeon. The

general practitioner of dentistry is quite as competent to do oral surgery as the general practitioner of medicine is competent to do general surgery, but the individual who is giving his thought and attention to surgery, and is living in the atmosphere all the time, all things being equal, is more likely to get satisfactory results than the individual who is giving almost all of his time and thought to general practice."

Major Ivy: "The operation should only be employed by the surgical specialist, because he is accustomed to operating under aseptic conditions essential for the best results, and is better prepared to handle the cases. The technical requirements of the operation demand experience in this work gained only by constant practice."

Dr. Furnas: "The day is coming when the general practitioner will do this work, but now there is a big question of technique, ability, and *equipment* involved."

Dr. Nodine: "It may be performed by the general practitioner provided he has the equipment, experience, and skill, and is careful and thorough in his work and does not attempt hopeless cases. Unless he possesses these requirements or qualifications it had better be left to the specialist."

Dr. Howe: "Simple thing; any dentist can do it."

GENERAL CONCLUSIONS.

There seems to be good authority for employing either the term "apicoectomy" or "apiectomy" in speaking of the operation of amputating the root of a tooth.

The majority of dentists consider apicoectomy advisable in cases of chronic apical infections where the bone, peridental membrane, and not more than the apical third of the root are involved.

The six upper anterior teeth are apicetomized most easily, the lower anterior ten and upper bicuspid less easily, and the molars with difficulty.

Gutta-percha is recognized as the best material for filling the root-canals. The use of chloroform and resin, chloro-percha, or eucapercha in conjunction with

the gutta-percha seems to be a matter of choice with each individual.

Where the operation has been followed by check radiograms the operators report a moderately high percentage of successes.

Failures are reported as due to faulty technique, low vitality of surrounding tissue, and reinfection.

For removing the apex of the tooth the bur is given preference over the chisel.

Six months is the average time given for the complete regeneration of bone in successful cases. The time varies with the age and vitality of the patient.

Suturing of the incision is recognized as the preferable method of closing the wound, as it tends to hasten the healing,

prevent reinfection, and lessen the after-pain. In cases of extensive involvement packing is advocated.

Opinion is well divided as to whether apicoectomy should be performed by the specialist or the general practitioner. It is generally conceded, however, that unless the general practitioner is well equipped, has a thorough knowledge of asepsis, and has developed a skilful technique, the operation should be performed by the specialist.

The Correspondent wishes to express his appreciation on the behalf of the Dental Society of the State of New York for the comprehensive replies received, from which he was enabled to compile this report.

DISCUSSION.

Dr. A. S. Walker, New York City. Your Correspondent is to be congratulated upon his choice of a subject, and upon the comprehensiveness of the questions propounded by him. It is regrettable, however, that these annual reports, which are always most timely and interesting, do not receive a larger percentage of responses from those honored by the request for an opinion.

The speaker, being in agreement with the general conclusions drawn by your Correspondent, will confine his discussion to the questions raised by the dissenters, and to emphasizing the more vital points in the correspondence.

In a consideration of this subject it is essential to determine if the operation is within the scope of good surgical prac-

tice. The evidence submitted by your Correspondent, and the observations of unprejudiced students, strongly favor the affirmative.

Kells' objections are certainly unconvincing. Had he been more specific in setting forth his objections he might have escaped the suspicion of being swayed by prejudice. With Blum reporting 98 per cent., Thoma 95 per cent., Furnas 90 to 95 per cent., Brooks and Nodine 90 per cent., and Rhein 75 per cent. of successful apicoectomies, it would appear to be a satisfactory operation. However, if Kells' replantations are equally satisfactory there is apparently no good reason for his switching to the operation under discussion.

Grove is more specific, and questions

if there is a normal regeneration of bone after these operations, basing his conjectures upon his observations. He tells us he does not believe that tissue attachment to the root-ends ever takes place, and that therefore these operations are failures. He also questions the value of roentgenographic evidence of these processes. If such evidence alone is unconvincing, why ignore the clinical history of cases of focal infection? There is abundant evidence of cures in these cases.

Considering the cause of failures, ordinarily they may be attributed to inoperable cases, faulty technique, and what is probably the most frequent cause—reinfection due to bad root-canal work. The importance of this phase of the operation cannot be overestimated; for in spite of the educational work that has been carried on during recent years, much bad root-canal work is still being done; and here let it be said again, that every step in the root-canal filling operation should be guarded with strictest aseptic precaution. It is hoped that in this connection some steps will be taken by the profession to adopt a standardized technique for this work.

Should the operation be done by the specialist or the general practitioner? If the services of a skilful specialist are available, the patient's interests demand that he should have the advantage of such services. While I agree with Dr. Howe that any dentist can perform the operation, it is true only in the sense that any dentist can extract teeth or correct a malocclusion. Apicoectomy is a very simple operation, and yet to secure the best results the operator should possess skill acquired by experience.

The question of equipment in a material sense is *nil*, since a few dollars will purchase all that is necessary.

The charge that the general practitioner is unaccustomed to operating under aseptic conditions, and therefore is not competent to perform these operations, is only too true. It is for the profession to attack this problem, and the speaker believes that a standardized technique for root-canal work should be the first to receive attention. Its application to other procedures will naturally follow.

Dr. L. A. Timerman, Fort Plain, N. Y. Our Correspondent has very carefully covered the ground of apicoectomy with his questionnaire. Not only carefully, but he has endeavored to bring out every phase relating to the operation. His whys have been insistent. This method with its brevity is to be greatly commended.

The resection of roots where pathologic conditions exist has passed the hysterical stage, and we no longer fear another "emetin" bugaboo, with its backlash.

Since it is definitely known that focal infections cause so many systemic disturbances, the dental profession has taken cognizance of the fact that it is in their field of operation, and are now looking forward to a standardized method for the operation.

Two very important questions at once arise: How and by whom are these operations to be performed? In following the summary of our Correspondent a very clear and comprehensive technique can be deduced. The fact that asepsis is known by all to be the important factor in surgery, our Correspondent has evidently considered as axiomatic. But he recites in detail the tooth-roots most easily amputated, when and how the root-canal should be filled, the best method of removing the apex, and when suturing is preferable to packing.

However, the last question submitted by our Correspondent, "Should the oper-

ation be performed by the general practitioner or the specialist?" arrests our attention, and it should answer our second important query. Here the replies are greatly at variance, but the deduction from these replies was in favor of the specialist. As to the specialist's technique being superior, his skill developed to a greater efficiency, his equipment, both surgical and office, better adapted, his speed at operating being greater, and his knowledge of conditions that would contra-indicate operating, we most positively affirm.

No ulterior motives can be attributed to the authors advocating the specialist. No doubt they are all specialists. As we all do, they recognize exquisite skill, the result of practice, to be the great factor in getting results.

Today the highly specialized man is sought in every walk of life, and we unhesitatingly admit his *par excellence*. At the same time, the average dental surgeon who is strictly conscientious in his undertakings should not be discouraged in attempting this class of operations. In making this statement I am not considering the operator or the operation so much as I am certain classes of patients. Neither am I confining my arguments to this great state of ours, where transportation facilities are wonderful and specialists numerous, but am taking into view more remote sections.

This same opinion prevailed a few years since regarding orthodontia. Today we find thousands of irregularities corrected by the general practitioner in which patients directed to the specialist could not have availed themselves of the privilege, and would today be living monuments of shame to the profession. Radiography has been developed in the same manner, and no dental equipment is now complete without an X-ray outfit.

In his general conclusions our Correspondent says, "The majority of dentists consider apicoectomy advisable." He further concludes—and is fully justified by the replies—that "Unless the general practitioner is well equipped, has a thorough knowledge of asepsis, and has developed a skilful technique, the operation should be performed by the specialist." The sum total of the argument is this: Apicoectomy is advisable; if you are not a specialist, or cannot get your patient to a specialist, side-step; extract or let it remain a pathological tooth.

Every community distantly located from the centers of specialists has the right to expect the general practitioner, the dental surgeon, to be qualified to perform ordinary operations of orthodontia, apicoectomy, the treatment of pyorrhea, to be versed in radiography; and every man should qualify.

We have all been reading during the past three years the articles in our journals on war surgery of the jaws and face, of the septic conditions under which the wounds were caused, and the time which often elapsed before the first treatment. How do such operations compare with the resection of the apex of a root by an almost painless and bloodless operation—an operation requiring not more than a half-hour? Dr. Howe's statement read by our correspondent, "A simple thing: any dentist can do it," looks very reasonable. It is not a case of life or death, except to the tooth, and I do not know that the second state is worse than the first.

The upper anterior teeth most frequently claim the attention of the operator because of their prominence and accessibility. When all known methods of treatment fail and the specialist is beyond the reach of the patient, it is plainly the duty of the dentist in charge

to apicoectomize the root. It is also his plain duty to perform that operation with the greatest possible precautions, antiseptically and surgically. The radiographing of the infected area is a necessary safeguard, and frequent films showing the progress of bone regeneration, if any, are reminders of the success or failure of the operation and are of great value to the general practitioner who is making every possible endeavor to succeed.

It is not the intention to advocate that all operations about the mouth be done by general practitioners. But periapical infection is so common that the man who will bestir himself can soon acquire the necessary technique. It is for the benefit of such general practitioners that this subject is being discussed today, but the greatest benefit will be received by our clients, for whom I am making this plea.

Dr. L. L. Mulcahy, Batavia. We have listened to a most complete report on the subject of apicoectomy, compiled at the expense of considerable time and labor by our Correspondent, Dr. Smith, who deserves much credit for the excellent manner in which he has presented it to us.

This report was compiled from replies received from experts on the subject. You have heard it discussed by men who have had considerable experience in amputation of root-ends, and know what they are talking about. In selecting me to discuss this report, I presume the idea was to select a general practitioner who knows very little, if anything, about apicoectomy, to see what we think about performing this operation.

I was glad to hear Dr. Stillman say that we should broaden and spread out. I am one of those located in a city too small for specialists, where, if you wish

to render the best service to your patients, it behooves you to specialize in all the various branches. One of the things I have taken up is radiography, which I think is essential to intelligent root-canal work, and to apicoectomy.

I believe that the average general practitioner who will equip himself with an X-ray machine, sterilizing outfit, proper instruments, and a good assistant, can successfully take care of the simple cases. By these I mean the ones most accessible and where the area involved is not large, assuming that the root-canal has been properly filled.

For the general practitioner I shall outline a little technique. Ten or twelve years ago I attempted to do this in a more or less haphazard way, but of late, I am glad to say, I have been quite successful with the method I have adopted.

I prefer novocain anesthesia. I have tried nitrous oxid, but have not been successful. I first make a long incision, retract the flap toward the lips, using sharp burs, and normal saline solution for irrigating. I have always packed the wound lightly with iodoform gauze instead of suturing, but in many of the simple cases, where the incision is not large, I believe suturing would be preferable, as I have had some post-operative pains, and that would do away with them.

I believe we should be prepared to take care of all these simple cases where we are not accessible to the specialist, and advise our patients to submit to the operation, especially in cases where a front tooth is involved, as in my opinion an apicoectomized tooth is preferable to a bridge. If you have a tooth, however, where the risk is too great, it is better that a specialist should treat the case.

The Control of Focal Infections.

By C. H. MAYO, M.D., Rochester, Minn.

ALL life, from the standpoint of health and disease, is cell life. The chemistry of the world's activities is developed through the functional activity and protoplasm of the cell. The first forms of life, unicellular organisms, are lawless in their activities, multiplying without limit as food and environment is secured, and the stronger destroying the weaker. The normal type of microbe lives on the weaker animal and on the plant type of life, completing its existence from lack of food or the resistance of the host. It then dries into spore form, to again spring into action under suitable conditions. The lawless existence in unicellular organisms in contrast to multicellular life does not occur naturally. When the multicellular organisms appeared, true death entered the world. Under necessary control of growth and function through community existence, they became the prey of the unicellular organism. Man should not complain of the action of these organisms, because through them occurs the evolution of the world, and the bad effects of certain germs under abnormal conditions may be far outweighed by the good they do.

If one considers the countless numbers

of unicellular organisms, many so small as to require the highest power of the microscope to be seen, and many of whose existence we know and yet have failed to identify, it will be seen that, of these, few in proportion to the total number are destroying agents. The greater part of the disease germs are under the control of man's intelligence, if he has the power to enforce the preventive measures known to the world today. It is through such measures, applied in earlier life, that during the last thirty years the life of man has been lengthened a number of years. The microbes causing disease in man eventually bring about a stage of his life in which sudden death occurs from affections of the heart, brain, and kidneys, between the ages of fifty-two and sixty-two years, as we have in no way changed middle age or advanced many more into old age. Death which is not accidental is due to the effects of the action of microbes—a result that may be acute and sudden, or chronic and slow in its termination.

The contagious character of various diseases has been appreciated for untold ages, and it has been known that certain of them developed some change in the individual which rendered him immune

to a second attack of the disease. The first disease for which a vaccine was developed was that of smallpox, and while used in China and India long ago, it was first used in Europe in Belgrade, and was brought to the English-speaking people by the discoveries of Jenner.

A study of the blood in disease, as varying from its condition in health, and the action of its cells in developing antibodies, has been of wonderful value to mankind. Through this study, acute diseases that create an immunity are reduced in morbidity and mortality by increasing the resistance of the patient, as in tetany, typhoid, paratyphoid, typhus, yellow fever, etc. The innumerable diseases that formerly decimated mankind have been almost driven from the earth.

It is because of this wider knowledge of medicine that it has been possible to continue the present war without the enormous armies being destroyed by diseases which would long since have brought the war to an unsatisfactory termination.

We find, then, that there is developed in the blood stream, in acute diseases and fevers, an immunizing agent. On the other hand, with certain diseases there is, at some place in the body, a small focus of bacteria continually maintained, developing not an immunity but an anaphylactic reaction of the constant supply of microbes or microbe toxin instead of elevating the resistance of the patient against the germ. Such persons are subject to recurring colds on the slightest provocation, recurring neuralgias, recurring myositis, muscular rheumatism so called, lumbago, sore muscles of the back and neck, etc., and it has been enough in the past for the patient to say he is subject to such trouble and

for the doctor to make local applications and allow time to complete the cycle of improvement until, from any cause, lowered body resistance again reinstates the liability to an attack—and any part once affected by a microbe becomes more liable to repeated attacks.

We have also protein poisoning. Many persons are unable to eat various grains or berries, milk, fish, etc., which cause them to develop asthma or chronic diseases of the respiratory tract, or of the mucous membrane or skin, shown by local swelling, diarrheas, or eczema.

Although there are but few places in the body in which man quite regularly carries bacteria, they are always in the mouth, often in the tonsil and about the teeth in pyorrheas, alveolar abscesses, and buried crypts of tonsils. All tonsils that are capable of reacting to the infection and are of good size, 3 or 4 on the scale of 4, are usually not the cause of chronic disease but of strictly local involvement, and when inflamed temporarily, develop systemic disturbances. The position is most difficult for many physicians who have but recently come to a knowledge of the danger of a focus in these instances, not realizing that the blood stream is the carrier of the infection. In such cases the localizing trouble in the sciatic nerve or in the joint did not begin there, but arose from the existence of bacteria in a minute pocket, and if that pocket is under tension the disease is essentially chronic. The physician examines the throat and says the tonsils are not inflamed, or are graded 1 or 2 in size, and cannot be the source of the trouble. The dangerous tonsil is the one graded 1 or 2, without any effects of local inflammation on its surface.

Diseased teeth are often local foci of

infection, and the X-ray has been of inestimable value in determining the presence of alveolar abscesses, absorbed roots of teeth, or absorbed bone about the roots. The findings are striking, when positive, but many pockets do not show in an apparently good picture. The dangerous tooth is a crowned tooth, and if it is necessary, from the seriousness of chronic, recurring diseases which affect the heart, as a myocarditis, or the kidneys, or the joints or nerves, then small tonsils must be removed and teeth most carefully inspected, X-rayed, and, when diseased, extracted on the basis of symptoms, should they be of major importance. Endarteritis, overgrowth of bone about the joints, including the hip and spinal vertebræ, are also due to minor types of bacteria, which are probably in pockets not under tension. I have far less fear where nature loosely holds the bacteria; the dangerous ones are always under tension and in small areas, although we must now come to the acceptance of the fact that the blood of apparently healthy persons often contains microbes.

In our bodies, with almost no evidence of it, are living and growing the amoeba, the syphilitic spirochete in almost every place, the hookworm, and other germs too numerous to mention, and often temporarily doing no more harm than trout in spring water. We have wandering leucocytes with almost the power of animals to leave the blood stream, forage for material dangerous to life, and return to the circulation; and in many of us a little blood drawn and time given for culture will show some kind of microbe to be present. The stomach does not destroy all the bacteria taken into it; some may pass into the blood by the chyle duct, and probably more

commonly enter the blood stream by way of the portal circulation but are destroyed in the liver. The germs in the mouth are carried on into the stomach, and in the great majority of persons there are numerous bacteria living in the gastric juice after all food has left the stomach. The dangerous varieties are those of the acid type, while those of alkaline nature are nuisances.

Of secondary importance to the microbe, from a biologic standpoint, is the chemistry of the fluids of local areas for their environment. This is similar to the result from seeds planted or blown upon different soils. They may be planted to no purpose on the wrong soil, and they may be blown everywhere to take growth to advantage in proper environment. Bacteria carried throughout the body by the circulation are able to take up local growth only when thus carried to a given area. This accounts for the specificity of bacteria in their location causing acute and self-limited diseases, or chronic recurring or relapsing diseases. The acidity, the oxygen tension, and the condition of the general health, or local injury, may all be factors. Some forms will only grow in a certain place, as poliomyelitis in the brain and spinal cord, others in the sheaths of nerves, the first causing acute conditions, self-limited, and the latter, recurring neuritis. Thus we have rheumatism, appendicitis, gall-bladder inflammations and ulcers of the stomach, valvular diseases of the heart; in fact, nearly all of the local and general diseases of which we have knowledge are thus produced.

The factors of safety are largely within the control of man, in preventing diseases, and in the transference of immunizing resistant bodies, such as have been developed for the cure and preven-

tion of diphtheria, typhoid fever, small-pox, poliomyelitis, and many other affections.

Diseases of middle life are increasing. They are microbic, of a chronic, recurring character and are carried into the blood stream from a few foci, the mouth being the source of greatest danger. A crowned tooth is not a crown of glory, and may cover a multitude of germs.

Modern dentistry is relieving the world of much of its misery by watchful care of foci connected with the teeth, and the trend of modern medicine and dentistry is bringing their fields again closely together. Dentistry should be a department of medicine, as it is as closely associated with medicine as are the specialties of the eye, ear, nose and throat, etc.

DISCUSSION.

Dr. M. L. Rhein, New York City. The size of the audience present to listen to Dr. Mayo's paper is the strongest evidence of the impression that has been made upon dentistry in the past few years by this subject. Surely all of us here tonight realize the impossibility of any audience of this size being interested in this subject a decade ago.

What I have to say on this subject is purely of an impromptu nature, and I trust you will accept it in that way. In considering the subject of focal infection, there are two methods by which the toxins from these infections are carried into the system, *i.e.* either by continuity and absorption, or, as Dr. Mayo has said, carried to a distant part through the circulation—the blood, or the lymph, or the chyle, whichever it may be.

The question of the control of focal infections is unquestionably a very practical one, as far as it concerns dentistry. The question is, What are we, as dentists, to do under the circumstances? Dr. Mayo has divided the subject into two phases, one preventive and the other curative—a division that is undeniably the best that we could make. There is not a point in the splendid paper to

which we have just listened that I can imagine exception being taken to. Of all the essayist has said, the most impressive thing to me was his reference to the subject of the prevention of focal infections. This is no new topic to dentists; it is almost as old as dentistry itself, and it is the one thing that we ought to give the greatest attention, in order that the coming generations shall be brought up in such a way that focal infections cannot take place, which means that there shall be no devitalized pulps—because, when you analyze the subject, it rests there.

I was particularly impressed by the division the essayist made when he spoke of abscesses. Personally, I prefer to divide this subject, in treating of its symptomatology, into abscesses and what we were formerly accustomed to calling "blind" abscesses. The essayist divides them into those in which the bacteria are loosely held, as against those that are under tension, and he speaks most forcibly of the greater danger of those in which the bacteria are under tension.

The ordinary alveolar abscess is one where we have suppuration, where the toxins are germinated from the pus, and

are not under tension. Nature has already started in to play the rôle of doctor to cure the patient. The pus finds an outlet in the mouth, and is swallowed, and to a certain extent this action is nullified by the gastric juices. The alveolar abscess is comparatively harmless as compared with the "blind" abscess. Dr. Mayo has noticed this clinically, and it is entirely in accord with all we have noted in the literature on the subject. In the "blind" abscess we have no suppuration. We have the colonization of bacteria, locked in about the roots at the ends of the teeth, and during mastication and the movement of the teeth we get the tension he speaks of against this habitat where the bacteria do not proceed to cause suppuration, because no inflammation sets up under these conditions; but they in turn produce the same toxins that are produced by the alveolar abscess, only in this case there is no outlet for this poison. It remains securely locked in this comparatively small space, and the safety of the individual is dependent entirely upon how immune he or she may be against these poisons. Nature provides for the defense of the individual by the cell life that he speaks of, and it is only when these defensive conditions are weakened—it may be by disease, it may be by over-exercise, or it may be through some local cause; but when this defensive power is lessened, then is the time these toxins are taken up by the circulation and carried to some special point, and their manifestation becomes a more or less serious or perhaps a critical one.

The prevention of this condition is the one thing we, as a profession, should give greater consideration to than we have done in the past, because it is the only positive thing we know today that will

assure the ultimate preservation of the natural teeth. That means starting with the teeth before the child is born—starting with the education of the mother in regard to the character of the food that makes for proper teeth in the child. From the time the first teeth are erupted there comes into play the question of focal infection, and that involves the broad question of what may be termed the prophylaxis of the mouth. With this subject we are all familiar, and it is the one great means that dentists must in the future utilize beyond what we are doing at the present time, if we would do our share, as far as our responsibility is concerned, toward the welfare of the teeth of the future race of our country.

In regard to the curative question—and that is the difficult one that confronts us as a profession—the point I would start with is that the dentist is not educated to handle these cases properly when they first present themselves. The dentist has not been instructed in making a proper, careful diagnosis of a mouth where a focal infection is suspected, or where one may exist. Too frequently, when there is just one tooth in question that stands out with a focal infection, the dentist goes right to work at that tooth, and pays very little attention to the rest of the mouth. There may be a dozen other focal infections in the same mouth; that is a point that should be well understood. What does a diagnosis mean? It means, first, that the dentist should have a chart of the mouth that indicates absolutely every tooth in which a devitalized pulp is present, or suspected to be present, and to demonstrate to himself whether such a condition exists; there is nothing of more importance than this.

The next step is to make a diagnosis

of the conditions, the symptomatology; whether it is a case in which a pyorrheal condition is combined with a focal condition, or whether perchance there may be a pericemental infection without a devitalized pulp. To make this examination properly is a matter that cannot be done in a few minutes, and frequently not in a few days. It means the proper roentgenographing of the mouth. It means an understanding of the proper physical condition of the individual. A dentist who is handling a case of that kind should have at his command the urinalysis of such a patient, the blood examination of such a patient, and the opinion of the internist, if there be one in the case. All of those questions become important matters in the decision that he must come to, after he understands properly what the condition of each particular tooth may be. If, for instance, we have a patient in whom the teeth to all intents and purposes, physically, as they express themselves to our view, present the very best of appearances—as I have frequently seen them, where before the use of the X-ray we would never have dreamed of a focal infection—and yet that individual is suffering from marked toxemia, a very marked diabetic condition is present, or a nephritis in a marked degree that has alarmed the internist. That is no case, in my opinion, for prolonged dental treatment—however successfully we may be able to save those teeth, if the condition of the patient were not so serious.

In many of those cases it is important to know what the physical condition is—not as we, as dentists, look at it, but as the physician looks upon it; and it is for that reason that focal conditions of infection should be handled only co-operatively by the physician and the dentist.

Often when we know from a careful examination of the roentgenogram of an infected tooth that we have the ability to put that tooth in a healthy condition and to keep it free from infection, we should realize that before that can be properly accomplished we may endanger the life of the patient! Under such circumstances, I do not think there is an individual present who, if he fully realized that fact, would think of attempting to save such a tooth. In other words, the value of the tooth becomes insignificant—much as we dentists may value it—when we compare it with the life of the individual.

Granting that fact, we now come to another stage of the question of the control of focal infection. We have before us, we will assume, an individual in whom the blood examination, urinalysis, and everything else is of such a nature that the internist says, "If you can save those teeth, go ahead and save them." It is now up to the dentist to determine, "Can I put the tooth, or the teeth, in such condition that these focal points will be not only free from infection, but will remain free from infection?" I contend that it is only partially doing our work if we simply treat those teeth so as to eradicate the infection and not be secure in the belief that they cannot become reinfected. Today I believe that it is almost impossible for any man, after he has completed the eradication of focal infections and put the most valuable kind of work into the operation, and has made a root-filling that meets his satisfaction, to say immediately on the conclusion of the operation that that tooth is safe from infection. I do not believe he can give a safe opinion in regard to a tooth of that kind until from six to twelve months have elapsed. In other

words, the only rational proof we have is that there shall be a regenerated alveolar structure where the bone was destroyed, and that it shall remain in that condition. If we fail to secure that result the operation is a failure. Today I do not believe in my own mind that a large number of teeth with devitalized pulps are fit to remain in the human jaw, although fifteen years ago I felt calmly secure in the belief that they could be placed in a healthy condition. I have reduced in my own mind the percentage of such teeth that are fit to remain in the mouth, and while I realize that this is an extremely discordant note to introduce to a body of dentists whose aim is the preservation of the human tooth for the value it has to humanity, yet I can only appeal to you, my brother dentists, in this way: That it is our duty to become big enough in the moral sense to outgrow the natural smallness of all specialists who see only the small field in which they are interested, but constantly to keep before our minds the thought that we, as physicians of the teeth, are just as certainly physicians of the body. We cannot isolate a part from the whole, and when we imperil life we are no credit to ourselves. I do not think there is a man or woman in dentistry who values a human tooth more than I do, and I realize the wrongs I have done innocently in this respect; and it is for that reason I say we must be careful not to retain in the mouth teeth that are a menace, or are liable to be a menace, to the life of an individual.

The argument is frequently made that as long as the loss of the alveolar structure is not progressive, as long as we can watch such a tooth by means of the roentgenogram, we should keep those teeth, and keep them under observation. Let us stop for a moment and think

what it means to keep the teeth of our patients under roentgenographic observation. Is that a practical matter with the majority of our patients, to say the least? You know it is not. Who knows where that patient may be when that immunity to this toxemia may break down? Only three weeks ago I extracted two molars from the mouth of a woman around the age of sixty years, in which I filled the roots about twenty-five years ago. They were teeth filled with nodular pulp matter in such a manner that I failed to reach the foramina of those teeth. I knew it at the time. I spent hours in the treatment of those teeth. I have radiographed those teeth in the past ten years a dozen times, and never found anything but healthy alveolar structure there until about three months ago, when the patient, presenting herself, as she did on regular occasions, for prophylactic treatment, sent word in to me that she thought she would like to have those teeth radiographed again. To my astonishment, I found marked focal infections at the ends of the roots of both those molars. Those teeth were extracted within forty-eight hours. There is a case where the patient of her own accord entirely entered into the question; but how often are we able to find such a condition in this way? I bring up the case as a practical one, to show the fallacy of depending on healthy alveolar structure where we know the root-canal work is intrinsically defective, and what the possibilities in the case of such work may be in the future.

This is no question that can be settled within the few moments allotted to it for discussion, but I feel that if I leave this point with you, I have accomplished a great deal—namely, there is no such thing as safety in the control of fo-

cal infections unless the focal infection is eradicated and the end of the root is hermetically encapsulated, so that it is absolutely free from the possibility of microbic attack in the future.

Dr. D. W. McLean, Mount Vernon, N. Y. That Dr. Mayo's name is one to conjure with in dentistry today, there cannot be any doubt; this assemblage of dentists is sufficient proof. When Dr. Mayo stood before our profession two or three years ago, and, summing up the findings of various research workers on the subject of focal infections, challenged us with the statement that the next great step in preventive medicine must be taken by the dental profession, he assumed a position absolutely unique in this profession. His statement then marked an epoch, and I venture to say that never in the history of any profession has there been such a change of ideals, such a groping for new facts and knowledge, such a revolution in technique, as has taken place in our profession in that short time. Up to that time it was considered by most of us a safe and proper procedure to half-devitalize pulps and half-fill root-canals with cotton medicated with iodoform, or with mummifying paste, or almost anything else that was small enough to go into a root-canal. We had no radiographs. We never knew if we reached the end of the root, or how near to it we were. Today, in looking at radiographs of those teeth we must keep that fact in mind. It is not well to knock the work of a few years ago, or to slur the work of the men who did it. Sometimes today we must make four or five attempts to fill a root-canal, and radiograph the canal after each attempt. What hope could there be to fill these root-canals without the help of the radiograph?

Dr. Mayo and Dr. Rhein have covered the general features of the subject so thoroughly that there is very little more to say about it. We all approach these subjects from different angles, otherwise the discussion would be nothing but a chorus; and I approach the subject from the angle, as most of you do, of the very busy and very tired general practitioner. The question is, What does this subject mean to you and to me practically, in our everyday work, as general practitioners? You hear men say that, for all the talk of focal infections, they see very little of them and they doubt if there is as much fire as the tremendous amount of smoke would indicate. I can only quote what Dr. Weston A. Price is fond of quoting: "A new truth is a new sense." If we study and look for these cases we will develop a sense of sight that will discover them on every hand.

A patient comes into our office, and we remove a tooth. The patient tells us when we see him again that he was laid up with a severe cold, or an attack of grip or rheumatism, following the extraction. What does that mean? It means a focus of infection. It means we have stirred up a hornet's nest in the alveolar tissue surrounding that tooth, that there has been a fresh invasion of the patient's system, and the reserves were called out; and while the reserves and the germs were fighting it out, the patient went to bed; he was sick.

There lies our tremendous responsibility. We are fond of criticizing the medical profession for the tendency some of its members have to go over our heads and condemn teeth. About a week ago a patient came into my office and said she wished a root extracted, because she was suffering from rheumatism. The physician had examined the

mouth, and the root was the only thing he found there to cause the trouble. There was a great deal of pyorrhea, but the patient was quite indignant when I spoke of it, and said the physician had examined the mouth and said there was no pyorrhea! We all have had cases where the physician has sent the patient to the radiologist and has made his dental diagnosis as well as medical, and we recall the fact that that is practicing dentistry, and even a physician cannot practice dentistry without violating the law of the state. But he is often justified. Suppose you were a physician treating a case of focal infection with secondary lesions. Suppose you had eliminated almost everything else, and you felt sure the trouble was in the mouth and the teeth, and you sent your patient to a dentist who for the past ten years had been suffering from mental ankylosis. What would you do? You would be justified in taking that patient away from that dentist and putting him in more competent hands. Very often, however, the same condition exists the other way around.

I have been treating and I hope to show you the radiographs of a patient with acute arthritis. We have eliminated every focus of infection in the mouth with the exception of one suspicious vital pulp. So far we have found nothing. That patient ought to be in the hands of a competent group of men working together. I have referred her to her physician—I did so early in the treatment of the case—and he said her rheumatism “came from the air.” What should the dentist do in a case like that? The subject of focal infections lies out in No-man’s Land between the two professions, and *neither one alone* can treat it thoroughly and to its full completion.

I was impressed with Dr. Rhein’s state-

ment as to the prevention of focal infection; and the body of men in this State Society today that is doing the biggest work toward saving people from these focal infections is your Oral Hygiene Committee. It boils down to a question of prevention; of examining the teeth frequently. We must spend our time filling pinhole cavities, instead of treating pulps—or capping them, which I believe to be equally bad.

When it comes to preventing focal infections, there are a lot of questions of technique that cannot be entered upon here. As to selection of the root-canal filling material—it takes courage to say it, but personally I do not believe chloro-percha is the agent that is going to do it, though this is a question that time must prove. Chloro-percha is absorbent, and it is neutral. A much better material to my mind is the bismuth-iodoform-formocresol paste. We seldom fill a canal when every bit of infection beyond the apex has been destroyed. The surgeon can destroy that infection absolutely with the knife, but when he cannot remove it I note that he is not very prone to inject a foreign body, especially a neutral absorbent foreign body like gutta-percha, and seal the case up.

What teeth shall we remove, and what teeth shall we save? Dr. Rhein has certainly covered that question thoroughly. We must study the case. If there is a secondary complication which is serious, most certainly those teeth should not be left there. On the other hand, there has been a widespread extraction of teeth in the last two or three years that has been absolutely uncalled for, and when the pendulum has swung back between the two extremes and has come to rest I believe we shall extract infected teeth only in cases that show secondary lesions.

When root-canals are ready to fill, we

should "culture" them in all suspicious cases. The culturing of a tooth is a simple matter. The local bacteriologist will supply you with tubes of broth or nutrient agar for that purpose. The tooth is isolated, washed with alcohol and dried, and a sterile instrument is passed through the apex and then gently drawn across the agar; the cap is put on the tube, which is then sent to the bacteriologist.

When we think the canal and the tissues beyond are sterile, we place a small wisp of cotton in the canal, and leave it for two or three weeks; then carefully remove it and clip off from the apical end an eighth of an inch, drop it into broth, and send that for culture. If the report comes back that some form of streptococcus, viridans or hemolyzing, or even staphylococcus, is present, the sterilization of the apical tissues has failed, and the tooth should be removed.

We must remember that a tooth may be infected and show no lesion in the radiograph. Men frequently speak of seeing infection in a radiograph; it can't be done. We may see things *from which we deduce infection* but the only thing which *will actually show infection is the microscope*.

One other important point is to be sure not to forget the vital pulps. Last October at the National meeting, Dr. Rose now reported cases where the infection was found in capped pulps. Infection taken from a putrescent pulp was injected into rabbits, and in 50 per cent. produced pulpitis in perfectly sound teeth. We know that the bacteria mixed up in the process of caries penetrate beyond the actual zone of decay and may reach the pulp. Or again, circulatory changes may take place there, the resistance may be lowered, and that pulp

may become the seat of an infection which is hematogenous in its origin. Or, in the case of the capped pulp, the infection may enter the pulp direct—and I believe a great many of these pulps are infected before they are sealed.

I have been very much interested in the subject of encapsulation, as we all have. Unless a root-end can be hermetically sealed the space between the root-end and the gutta-percha becomes a lodging-place for bacteria, and the encapsulation is a source of danger rather than a protection. And I believe the chloro-percha will not adhere, for the reason that the root-end is invariably moist.

The statement has been made that the chloroform in the mixture will dry the end of the root, and the mass will adhere. I have felt very sure this was not the case, but for some time was at a loss to prove it. I finally set up some extracted single-rooted teeth in fresh meat (which is moist) and buried them, to the crowns, in plaster of Paris. The roots were then encapsulated, some with chloro-percha and gutta-percha points, and some with Callahan's rosin solution followed by chloro-percha and points. They were then radiographed, and laid aside for twenty-four hours, after which the plaster of Paris and meat were removed. It was found that not one of the chloro-percha encapsulations had adhered to the root, though all had adhered tenaciously to the meat. The encapsulations containing the rosin solution showed a tendency to adhere, but in every case there was a considerable fringe of material which did not adhere in the slightest. The teeth were dropped in ink for twenty-four hours, and the ink proved the facts by penetrating under the encapsulation.

The Next Quarter Century in Dentistry:

A Prophecy Based on the Needs of the Profession and on Our Hopes
for Its Development.

By W. D. TRACY, D.D.S., New York, N. Y.

THE rapid evolution of dentistry as a profession from the establishment of the first dental college at Baltimore in 1839 to the present day has been stable and full of interest from every point of view.

Medicine, always jealous of her prerogatives, and justly so, did not welcome, nor did she assist in the birth of dentistry, but on the contrary, was quite antagonistic to the foundation of a dental college, and those far-seeing and courageous pioneers, Harris and Hayden, in spite of rebuff and discouragement had to fight the early battles of professional dentistry unaided by their medical *confrères*.

The fact that the broad gulf of prejudice and even of distrust that used to separate medicine and dentistry has been steadily growing more narrow indicates a splendid progress on both sides. It shows that the master minds in dentistry have realized the necessity of giving dental students the broadest possible medical foundation for their dental education. It shows that medical men have awakened to the fact that teeth are really

a part of the human economy. They have grown into a realization that the teeth in health and disease bear the same relation to the body as do other organs.

Coincidentally the dental profession has been made to realize most keenly the fact that in dealing with the teeth and diseases of the oral cavity they are assuming the same responsibilities as does the surgeon who operates on other parts of the body.

DENTAL EDUCATION.

In 1839 there was one dental college which graduated two men, and now at the end of seventy-nine years there are 47 dental colleges and schools of dentistry in the United States. The time necessary to acquire the dental degree has lengthened from a course of a few months to the present requirement of four years.

In the early years of dentistry the successful man could skilfully encompass all branches of the work, whereas today the field of dentistry has become so broad and embraces so much that no man can become expert in all depart-

ments, and the profession is naturally dividing up into specialties.

The materials used and the methods and theories of practice have almost all undergone radical development and radical changes as the penetrating light of science has illuminated the pathway of dental progress.

The wonderful growth of the profession since its birth impresses upon us the great possibilities of its future expansion. With the impetus it has already gained it is only natural to believe that its further development will be even more rapid, and that the scope of dentistry and its use and value to humanity will be materially enhanced with each succeeding year, until one day it will be one of the most important, if not *the* most important, special field of work in the practice of medicine.

For mere man to prophesy what developments will take place in dentistry in the next twenty-five years were vain; but basing our reasoning on the remarkable growth of the past, it may be interesting at least to set down our present impressions concerning what may take place in the future.

That the institutions of dental learning are the very foundation of the profession and of its future development is a truism. It is safe to prophesy that the requirements for entrance to these institutions will be increased from time to time as the curriculum itself becomes more taxing on the mind of the student, because the individual not provided with a good fundamental education and not well grounded in the habit of study will be unable and mentally unqualified to encompass the work provided by the curriculum.

It is quite possible that many of us may live to see the day when matricu-

lants will be entered as dental students only when they have finished a four-year collegiate course, and by the same token a quarter of a century may not have elapsed before all graduates in dentistry must first have obtained an M.D. degree.

In this connection the following quotation from Professor Edwin T. Darby, who for forty-one years has been an active and potent factor in dental education, will be of interest. He says: "It is my opinion that the day is not far distant when the student of dentistry will graduate as an M.D.; but one degree will be conferred, and that will be Doctor of Medicine. And it should be so. The dental student must now spend four years to prepare himself to practice one branch of the healing art, and the medical student spends no more time, and is granted a degree which permits him to practice all branches included in the medical course. The medical and dental professions are gradually coming nearer together, and the gap between them is so slight that in time it will be closed, and the relations between the man who practices medicine and the man who practices dental surgery will be of the most intimate kind—and it should be so, for reasons which need not be mentioned."

PREVENTIVE DENTISTRY.

The dental mind has for many years been applied to the study of prevention of dental diseases, and with certain limitations preventive dentistry is an accomplished fact in the present day.

The systematic prophylactic treatment of children and youthful patients, as well as of adults with restored or cured cases, has proved its value as a preventive meas-

ure, and it is now an established part of the work in every well-regulated dental practice.

What has seemed to be the most overwhelming problem faced by the dental profession is the care of the teeth of the millions of school children in this country. The economic waste and the actual cash loss due to ill health and mental deficiency caused solely by dental disease and defects in all large municipalities is too well recognized to need reiteration.

While preventive dentistry is applicable to patients of all ages, its most important field of usefulness is perhaps in its application to the school children, and in several sections of the United States the systematic prophylactic treatment of public school children has been carried on with the most salutary results. Preventive dentistry as applied to the school children of our country is really in its infancy, but the present indications warrant the prophecy that during the next twenty-five years the development in this special field of work will be so great that every school in the country will be obliged by law to provide prophylactic treatment by properly trained dental hygienists for the children under its control.

It is quite possible that in isolated sections where the population is scattered, rural automobile dental clinics will make their periodical rounds under state control to minister to the dental needs of the school children and others who cannot go to the larger towns for treatment. This plan has already been initiated in Vermont, and possibly in other states.

In view of the important work done by Dr. Alfred C. Fones of Bridgeport in making preventive dentistry in the schools of his city a reality, and because of his years of study on this and allied problems, his opinion is worthy of rec-

ord and is quoted as follows: "It is much easier to prophesy the result that may be attained in preventive dentistry in a quarter of a century than to attempt to outline the probable stages through which it will pass in securing that ultimate result. The efforts of our profession will be concentrated upon the prevention of dental caries and pericemental infection from the gingival border. The two great factors that will control these diseases are proper food and prophylaxis."

The dentist will become an educator instructing his patients in matters of diet conducive to normal mouth conditions and bodily health. His greatest field for service will be among the mothers of small children, who will learn of the practical elimination of free sugars, white breads, crackers, etc., and that the substitution of simple, wholesome, hard foods will help to produce the ideal arch development and reduce the tendency to dental diseases. The beginning of this education of the public as to proper foods is made practical, even at the present time, by the war situation, which has forcibly eliminated the use of a good part of the free sugars and white breads from the diet. Until this slow educational campaign has made itself felt, the most rigid system of prophylaxis and habitual daily mouth cleanliness must be carried out to overcome the evils of our present form of diet.

The medical profession, as well as the general public, is slowly realizing the great importance of sound teeth and healthy mouths to general health, and this knowledge will become so widespread that a National Department of Health, of which dentistry will be a very important part, will be created to help produce and maintain health. The value

of prevention over cure is already realized to such an extent that every health activity is being carried on along lines that tend to prevent disease.

The National Department of Health with its own secretarial bureau will find it within its power to compel scientific feeding and care of the body by enforcing the pure food laws and restricting the manufacture of candies, confectionery, etc. The necessity for this restriction is made apparent by the statistics secured in the examination of thousands of mouths of men drafted into the national army. These show that the Italians, with a national consumption of but thirteen pounds of sugar per capita per annum, have teeth in which dental caries is the exception rather than the rule, in contrast to the mouths of the boys of America, whose average consumption of free sugar is about ninety pounds per capita per annum.

It is my belief that the great educational and preventive work will be carried on by an immense corps of dental hygienists in public schools, hospitals, and other public and private institutions, aside from those employed in private practice. The educational and preventive dental clinic for public schools will be universally adopted, and although municipalities may conduct reparative dental clinics, they will be separated and apart from the school buildings. In 1943 fully 30 per cent. of the school children will be free from dental caries, and many of the diseases of childhood will have been stamped out. A toothache will be generally understood as a calamity, as it will usually mean pulp involvement, and for the masses this will mean extraction. Focal infections of the teeth will have long since been acknowledged as an important source of systemic in-

fections, and the dental practitioner will be obliged to be a medically educated man in order that he may have a greater knowledge and broader vision of dentistry, which will be recognized as the most important specialty of medicine.

In spite of all the preventive dentistry that can be accomplished during the next twenty-five years, the profession at large will still be constantly occupied with curative and reparative work in the mouths of people who did not come under the influence of compulsory dentistry as children, or who were personally neglectful of their mouths and teeth after reaching adolescence.

We naturally ask, "What will be considered good practice twenty-five years hence in dealing with a tooth in which the pulp has lost its vitality or which suffers an exposure of the pulp through the removal of deep-seated caries?"

The idealist would say that if all the plans advocated by the champions of preventive dentistry could be put into effect at once and carried out systematically through the next quarter century, there would be no exposed pulps, and therefore no problem in connection with devitalized or infected teeth.

FOCAL INFECTION.

The dental millennium, however, will not be reached so soon, and pulpless and infected teeth will still be among the problems with which the busy practitioner will have to deal. Cases of this kind will occur much less frequently in the future, of course, than they do today, and just what the attitude of the profession will be toward the cases of fresh pulp devitalization and cases of putrescent pulp is a matter of some conjecture.

Opinions on this point are many and varied. Some of our most careful thinkers and men of conservative speech have been heard to say that within five years no tooth with any form of pulp involvement would be permitted to remain in the human mouth, the ground for this assertion being the assumption that a pulpless tooth must necessarily be an infected tooth even though the vital pulp were removed under modern aseptic methods and the canals were thoroughly opened, sterilized, and filled according to the accepted procedure of the present day.

We have sufficient light upon the relation that focal infections about the mouth and teeth bear to the general health, to make us realize the danger of retaining teeth so infected. But, to offset the pessimistic view quoted in the previous paragraph, there are others who are equally thoughtful and conservative and whose wide experience entitles them to speak with some authority, who feel that the tooth from which a freshly devitalized pulp is removed can be treated and filled in such a manner as to be safely retained as a healthy and useful dental organ, and the writer of this prophecy is a supporter of this latter view.

While we admit that the prevention of dental caries and other diseases of the teeth is the shining goal toward which the profession is working, we must acknowledge also that our much-talked-of scientific development falls far short of our ambitions if we are unable to so treat teeth with freshly devitalized pulps that they may be safely retained.

BRIDGE WORK.

There can be no doubt concerning the ruthless devitalization of dental pulps in

sound teeth for the purpose of anchoring fixed or other types of bridge work to them. This practice, which has been accepted by many as being in the best interests of the patient, will be abandoned in time, and ways of supplying the missing natural teeth will be devised which will not necessitate devitalization.

Fixed bridge work will be used less and less as the rank and file of the dental profession become awakened to its inherent defects and devastating influences, and there will be a renaissance of the removable denture.

In regard to possible changes which may take place in the methods of filling teeth between now and 1943, it may be said that there is nothing in sight on the dental horizon at the moment which indicates any marked change or radical improvement in methods of filling teeth.

SILICATE CEMENTS.

In 1890 Dr. Ottolengui wrote a sort of prophetic story which appeared in the *Dental Review* for January of that year, the theme of which was "Dentistry in the Year 2000." Among other interesting things in this story it was related that in 1970 a man named Erickson had produced and presented at one of the international conventions a plastic filling material which could be softened by low heat and placed into the cavity as we would insert gutta-percha. When set, this material was as hard as tooth structure and would permanently retain a high polish. It was obtainable in all shades so that teeth could be very perfectly matched.

If we could be assured of having such a material for our use, many of us would be glad to stay around until 1970 to have the pleasure of using it! No one dares say that we may not have a perfect

universal filling material supplied for our use even before 1970, but certainly it has not yet been presented to us.

While we have welcomed the silicate cements of various names and used them in the various parts of the mouth, we have had it borne in upon us repeatedly that even the best of these materials cannot be classed strictly as permanent fillings—neither can the silicate cement filling be universally used on all surfaces of the teeth. In other words, they are fillings limited in their field of usefulness and in their period of durability; but until we find some better material we shall continue to use these silicate cements in a certain class of cavities.

THE GOLD INLAY.

Bearing on this subject and upon the gold inlay and the foil filling, Dr. Darby's comment is again interesting and illuminating. He says, "I predict that the dental profession will soon return to the use of gold foil for filling cavities of moderate size. We have learned that the silicate cements are not lasting. The fillings that have lasted twenty-five and fifty years have been made of gold foil or other forms of gold and have been placed in the cavity by laborious effort, and for that reason, among others, the profession has been quite willing to fall away from its use. It is true that gold has serious objections, such for instance as its inharmony of color and the labor incident to its placement in the cavity, but it has so many advantages over the plastics, that I predict that its use will become more general. The gold inlay has undoubtedly come to stay, but in small cavities on occlusal surfaces foil fillings are better. All silicate preparations must be regarded as temporary, and were it not for

the esthetic quality they possess they would soon become less and less used by the dentist who has for his object the permanent quality of his operation."

While there are at present several special fields of work in dentistry, it is prophesied that, within the next few years, specialization will be even more marked than it is today, and that men having special interest in or special skill in a certain line of work will devote themselves exclusively to that department and will be known as specialists.

Organized dentistry represented by its various local and state societies and by the National Dental Association is bound to become stronger with the passage of time, and next to the institutions of dental learning it will be the most potent factor in the elevation of dental standards. The only changes that are anticipated in the dental societies during the period supposed to be covered by this prophecy are those which will incidentally occur in increasing the efficiency of these organizations and rendering them as democratic in their administration as possible.

ARMY DENTISTRY.

The need for more dentists in the United States army is so palpable that it would seem almost impossible for the Congress to fail in its duty in this matter, and it is prophesied that in 1943 there will be at least four dentists for every thousand men.

The conditions which make it difficult to enact national laws regulating the practice of dentistry uniformly in the several states will undoubtedly change with the passage of time, and it is prophesied that ultimately there will be a Federal law which will control and regulate the practice of dentistry throughout

the country. It appears to the writer that such control is simply a matter of educational development, and that the benefits of national regulation would be numerous and quite obvious.

While the growth of dentistry has been very rapid and far-reaching in its effect, and on the whole satisfactory to those most interested, what can we say of the mental attitude of the rank and file of men who make up the profession, and from whom we have so often heard the clamorous call for professional recognition equal to that given to our brothers in the practice of medicine?

Have they grown along with the profession itself, or have they clung to a rather narrow range of vision and retained a too materialistic attitude? As dentistry has grown, and as its impor-

tance as a factor in the health of the nation has been recognized and acclaimed, has the dentist become more professional in his habit of thought and in his relations with the people of the community in which he lives? Has the spirit of service and the feeling of altruism penetrated to his heart, and has he shown by his relations with humanity that he is the true professional gentleman which he wishes the world to believe him to be?

These questions will not and should not be answered here, but the writer, with all the optimism that he naturally feels in connection with the development of dentistry, ventures the prophecy that within twenty-five years there will be many expressions of professional feeling that are not in evidence today.

Officers and Committees for 1918-19.

President—GEO. B. BEACH, S. A. & K. B. Build'g, Syracuse.

Vice-president—HORACE P. GOULD, 181 Joramalemon st., Brooklyn.

Secretary—A. P. BURKHART, 52 Genesee st., Auburn.

Treasurer—G. H. BUTLER, 712 University Bldg., Syracuse.

Correspondent—ARTHUR W. SMITH, 33 Chestnut st., Rochester.

DENTAL EXAMINERS.

(1) GEORGE C. EVANS, New York City, 1921.

(2) FAYETTE C. WALKER, Brooklyn, 1920.

(3) ALBERT M. WRIGHT, *Pres.*, Troy, 1921.

(4) OSCAR J. GROSS, Schenectady, 1919.

(5) AUGUSTUS R. COOKE, Syracuse, 1920.

(6) JOHN B. WEST, Elmira, 1922.

(7) HARVEY J. BURKHART, Rochester, 1919.

(8) J. G. ROBERTS, Buffalo, 1922.

(9) H. C. BENNETT, Newburgh, 1922.

EXECUTIVE COUNCIL.

(1) ARTHUR L. SWIFT, New York City, 1921.

(2) R. OTTOLENGUI, Brooklyn, 1921.

(3) JAMES W. CANADAY, SR., Albany, 1919.

(4) AMOS C. RICH, Saratoga Springs, 1919.

(5) GEORGE B. BEACH, Syracuse, 1922.

(6) C. M. DUNNE, Norwich, 1920.

(7) B. S. HERT, *Chairman*, Rochester, 1920.

(8) GUY M. FIERO, Buffalo, 1922.

(9) A. W. TWIGGAR, *Sec'y*, Ossining, 1921.

GEORGE B. BEACH, Syracuse, and A. P. BURKHART, Auburn, *ex officio*.

Alternates—Executive Council.

(1) JAMES F. HASBROUCK, New York City, 1921.

(2) THADDEUS P. HYATT, Brooklyn, 1921.

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